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编者的话

英国中医药学会已成立近 15 周年，学会在不断地发展壮大，中药针灸被越来越多的英国民众及西方人士所关注。本会刊的主要宗旨是为大家提供一个平台，进行学术讨论，互相沟通学习，交流信息，进一步提高我们的专业水平，丰富知识，积累临床经验。同时，也借此窗口通向社会，让更多的读者对传统的中国文化中医有所了解，并产生兴趣，使他们能亲身体验中药针灸之奇妙效果，从中受益，以此来提高国民之整体健康水平和生活质量，进而推动中医事业的发扬光大。

赵丽琴

Editorial

The Association of Traditional Chinese Medicine (ATCM) has been established for 15 years. It has been constantly growing and developing, while more and more members of British public are recognising Chinese medicine and acupuncture. The Journal of ATCM is intended to provide a forum or a platform for TCM practitioners and acupuncturists, as well as academics from other disciplines, to give us opportunities to exchange clinical experiences and information. Therefore, it helps our profession to develop and enrich ourselves from the greatest variety of perspectives. Furthermore, through this window, more readers will be able to understand TCM and wish to experience the benefits from TCM treatment themselves in order to maintain a good health. This will certainly in return promote and enhance the TCM practice!

Liqin Zhao

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Pi Syndrome in “Shanghan Lun”

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Pi syndrome 痞证 is an old medical term in ancient China. Basically there are 2 kinds of Pi syndrome in TCM (Traditional Chinese Medicine): The first category is termed as “Spleen Ji 脾积” which refers to one of the 5 kinds of Ji syndrome and manifests as hepatomegaly or splenomegaly, or lump or tumor or cancer in the abdomen caused by pathogenic accumulation due to deficiency of the spleen, recorded in the chapter - Problem 56 of the book “Nanjing” (Classic on Medical Problems, an important TCM classic which appeared around the Qin and Han Dynasties, with its authorship ascribed to Dr Qin Yueren); The second category that we are talking about today is Pi syndrome 痞证, described in the book “Shanghan Lun” (Treatise on Febrile Diseases Caused by Cold, originally it was a part of the book “Shanghan Zabing Lun”/Treatise on Febrile and Miscellaneous Diseases, written by Dr Zhang Ji in the Han Dynasty).

However, in “Shanghan Lun” the etiology and characteristic of Pi syndrome is quite different from those in “Nanjing”, it refers to a syndrome marked by stuffiness, fullness and discomfort in the epigastrium, and painlessness and softness by pressing. For example, in Clause 151 of “Shanghan Lun”, it says that “after the adoption of purgative to the case with a pulse of floating and tense, the pulse changes to deep and tense, and stuffiness and fullness is taking shape in the epigastrium. When it is pressed, the stuffiness is soft. Therefore it is kind of Qi (gaseous) Pi syndrome”. From the above clause 151, we can understand that the cause of Pi syndrome in “Shanghan Lun” is mostly caused by incorrect application of purgative; and main symptoms and signs are stuffiness, fullness and discomfort in the epigastrium, marked by painlessness and softness if pressing. Furthermore, in “Shanghan Lun” there are 4 main kinds of gaseous Pi syndrome.

1. Heat Pi Syndrome

It is described in Clause 154, “Symptoms and signs of stuffiness & fullness in the epigastrium, softness if pressing, and floating pulse up the Guan position, Dahuang Huanglian Xiexin Decoction should be chiefly used.” It is also recorded in Clause 164 that says “After a purgative has been used, diaphoresis is adopted again to the Shanghan syndrome. Consequently the patient gets chills and has stuffiness & fullness in the epigastrium. This indicates that the exterior syndrome is not over. Before the exterior is over, Pi syndrome should not be treated. To dispel the exterior syndrome with Guizhi Decoction; and then treat Pi syndrome with Dahuang Huanglian Xiexin Decoction”. The Dahuang Huanglian Xiexin Decoction consists of 3 herbs, including Dahuang

(Radix et Rhizoma Rhei) 6g, Huanglian (Rhizoma Coptidis) 3g, Huangqin (Radix Scutellariae) 3g. All the above herbs, bitter in taste, and cold in nature, put together, are good at clearing and purging pathogenic heat from the epigastrium to relieve stuffiness & fullness in the upper abdomen. Here we should also mention of that 3 herbs in the Dahuang Huanglian Xiexin Decoction are not to be decocted, just soaked in the boiling water for a while, then remove dregs and drink the “tea”. According to our experiences, this formula is really effective for treatments of stuffiness and fullness in the upper abdomen caused by superficial gastritis, gastrotympanites, gastroparesis, etc.

2. Pi Syndrome due to Coexistence of Deficiency and Excess

This syndrome is detailed in Clause 149, saying that “Febrile disease for 5-6 days, symptoms of nausea, vomit and fever will be adequate proof, which suitable for Chaihu Decoction. When a dose of purgative is adopted, if Chaihu Decoction syndrome still exists, it is not an adverse case. The therapy will be dose of Chaihu Decoction. After taking the decoction, the patient will recover after he has had a fever and perspiration after shivering. In case the patient has fullness, pain and tenderness at the epigastrium, it is “Jie Xiong Syndrome” (obstruction in the chest syndrome), and Big Xian Xiong Decoction will be a remedy. If there is only stuffiness & fullness without pain at the epigastrium, it is a Pi Syndrome, Chaihu Decoction is not convenient for the case, and Banxia Xiexin Decoction will serve as a remedy”; This type of Pi syndrome is also recorded in the Chapter 17 On Vomit, Nausea and Diarrhea in the book “Jin Kui Yao Lue” (Synopsis of Prescriptions of the Golden Chamber, originally another part of the book “Shanghan Zabing Lun”/Treatise on Febrile and Miscellaneous Diseases), saying that “Vomiting and borborygmus, accompanied by Pi Syndrome, Banxia Xiexin Decoction should be used”. The Banxia Xiexin Decoction consists of Banxia (Rhizoma Pinelliae) 12g., Huangqin (Radix Scutellariae) 9g., Ganjiang (Rhizoma Zingiberis) 9g., Renshen (Radix Ginseng) g., Huanglian (Rhizoma Coptidis) 3g., Dazao (Fructus Ziziphi Jujubae) 4 pcs., and Zhigancao (Radix Glycyrrhizae) 9g. All the above herbs should be decocted in water for oral use. Clinically we often use Banxia Xiexin Decoction to treat acute and chronic gastritis, duodenal stasis, gastroneurosis, vomiting of pregnancy and other conditions marked by the Pi syndrome. Additionally, there are other 2 kinds of Pi syndrome similar to the Banxia Xiexin Decoction syndrome, one of them is “Shengjiang Xiexin Decoction Syndrome”, described in Clause 157, i.e. to reduce the dosage of Ganjiang

(Rhizoma Zingiberis) to 3g. and add 12 gram of Shengjiang(Rhizoma Zingiberis Recens) into the Banxia Xiexin Decoction , it will be renamed “ Shengjiang Xiexin Decoction” that is for Pi syndrome marked by belching with a smell of indigestion, diarrhea and borborygmus duo to water –fluid accumulation” ; and there is another one called “Gancao Xiexin Decoction syndrome ”, recorded in Clause 158 ,i.e. to increase the dosage of Gancao(Radix Glycyrrhizae) in the Banxia Xiexin Decoction to 12g., it will be renamed “Gancao Xiexin Decoction” that is for the treatment of Pi syndrome marked by stuffiness and fullness in the epigastrium, nausea , vomiting, hiccup and belching with acid regurgitation ,dyspepsia, diarrhea and increased gurgling sound due to severe damage of the stomach-qi.

3. Pi Syndrome due to Accumulation of Phlegm

This kind of Pi syndrome manifests as stuffy and blocked sensation in epigastrium, continuous belching, nausea or vomit , detailed in Clause 161, saying that “ After the adoption of a diaphoretic, emetic or purgative to Shanghan syndrome , the patient will suffer stuffiness and blocked sensation at epigastrium and continuous belching when exterior syndrome has already gone. Xuanfu Daizhe Decoction should be used as a remedy”. Xuanfu Daizhe Decoction consists of Xuanfuhua (Flos Inulae) 9g. (wrapped with a piece of close while decocted), Daizheshi (Ochra Haematitum)3g., Renshen (Radix Ginseng)6g., Shengjiang (Rhizoma Zingiberis Recens) 15g., Zhigancao(Radix Glycyrrhizae Praeparatae) 9g.,Banxia (Rhizoma Pinelliae) 9g., Dazao (Fructus Ziziphi Jujubae)4 pcs. All the herbs should be decocted in water for oral use. Today we often apply this formula to treat belching or hiccup due to deficiency of stomach and phlegm retention caused by gastric neurosis, gastritis, gastric dilatation, incomplete pylorochesis and neurotic hiccup.

4. Pi Syndrome due to Accumulation of Water-fluid

This kind of syndrome manifests as stuffiness & fullness in the epigastrium, dysuria, restlessness and thirst caused by accumulation of pathogenic water-fluid due to dysfunction of the urinary bladder and “Sanjiao”, described in Clause 156, saying that “ When the stuffiness &fullness in the epigastrium is caused by the adoption of purgative, Xiexin Decoction will no longer be convenient. It is suitable for Wuling Powder to treat following symptoms and signs such as restlessness, thirst, a parched throat and dysuria. Wuling Powder consists of Zhuling (Polyporus) 9g., Zexie (Rhizoma Alismatis) 15g., Baizhu (Rhizoma Atractylodis) 9g., Fuling (Poria) 9g., Guizhi (Ramulus Cinnamomi) 6g.. All the above ingredients should be ground into fine powder, to be taken 6 g. each time, 3 times a day; or decocted in water for oral use. Clinically it is applicable to many conditions today, such as retention of gastric juice, or edema caused by nephritis, cirrhosis, or uroschisis,

hydrocephalus, hey fever, etc.

5. Summery

Basically there are 4 kinds of Pi syndrome in “Shanghan Lun”. The main formulas for treating Pi syndromes are Dahuang Huanglian Xiexin Decoction, Banxia Xiexin Decoction and other 2 modified formulas (Shengjiang Xiexin Decoction and Gancao Xiexin Decoction) , and Wuling Powder .Today we use the above formulas not only for Pi syndromes ,but also for many different conditions.

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李孔定《临证要诀》浅解

袁炳胜

摘要： 本文旨在通过自己多年临床体会，和对著名中医药学家李孔定《临证要诀》的解读，阐述中医药临床思路与思维方法特点，尤其辨病辨证的主次轻重，急慢性病的用药要点，复杂病症的处理原则，怎样合理处方用药并结合现代西医理论与中药研究成果为临床所用，以提高临床疗效。

李孔定主任中医师是中国国家两部一局遴选的第一、第二批继承名医经验导师，四川省首届十大名中医，享受国家特殊津贴的中医药学家。曾撰《临证要诀》以授诸弟子，是他 60 多年中医临床的重要经验总结。其辞曰：“急症用药，宜重宜专。一身数病，抓主顾兼；痼疾新病，本后标先；一因多症，因去症。诸般杂症，法重东垣；刚柔相济，勿倚勿偏。中学为主，西学为参；辨病辨证，人命攸关。登堂入室，请事斯言！”笔者自 1997 年拜师学习以来，在其指导下临证，读书，渐悟其中无穷旨趣，偶有心得，则笔之于纸，积月累年，稍能融通，乃结合他历年所述，不揣浅陋，申抒其意，对其临床之辨病辨证，处方用药，诊断治疗之思路特点，思维方式予以探讨，名曰“浅解”，以就正于同道。

急症用药，宜重宜专。重是药量相对较大，专乃药味较少。量偏重则功效宏，药味专则针对性强；药专为量重之基础，其目的在于针对主症，尤其是主要病变脏腑经络气血的寒热虚实，用相应的热寒补泻之法，用相对较重之药量，以起其沉痾危厄。其药量之所以要重，是针对急重病症之寒重、热重、虚甚、实甚、阴阳逆乱等问题较为突出而设。具体用药，更当斟酌其寒热燥润之性的强弱，毒性之大小有无而用之。故急病之辨病辨证，尤须审慎；药物性效，更当精熟。否则稍有差谬，则祸不旋踵。急病之用药，宜精炼而切忌驳杂不纯。只有精熟药性，辨证准确，用药才能恰到好处。要十分注意选药，做到一药多用，尽量避免重复，减少不良影响；且应综合考虑诸多临床问题，既要充分重视现症，又要顾其旧病、兼症、根本之症。

一身数病，抓主顾兼；痼疾新病，本后标先；一因多症，因去症。临床之际，常见症状纷繁，多病同存，须能病证同辨，并审其主次因果，及病之先后标本缓急，确立施治方案。如脾虚泄泻，又兼体质虚弱，反复感冒。若因感冒来诊，则泄泻旧病为体虚感冒之本，感冒为新病为标，先当治其外感而兼顾脾虚（或使药不碍脾），待感冒愈后则以治脾虚泄泻为主而兼固表以治本。又如妇女之经带失调，经期延长，经量过多而气血不足，症见头昏疲乏，头痛绵绵，畏寒肢冷，又当先调其经，使气血免于耗损，经脉脏腑得其充养则诸症自除。反之，若见头痛则川

芎钩藤，见心悸则麦冬甘草，见肢冷则桂枝黄芪，则难获最佳效果甚或使病情更加严重。

诸般杂症，法重东垣。李东垣强调：“人以胃气为本”，脾胃为血气阴阳之根蒂，一身气机升降之枢纽，孙氏《千金要方·脾胃》亦指出“五脏不足，调于胃”。凡百病之诊、望、闻、问、切、舌、脉、症之辨，无不重视胃气之有无，“有胃气则生，无胃气则死”。内、外、妇、儿及老年病、肿瘤各科之治，病后调理，皆当充分重视脾胃，治脾胃以安五脏也。诸病易治者，胃气强也；诸病难医者，脾胃败也；诸虚可复者，脾胃能运而化源充足；治危重之疾须救胃气以求生机；治慢性虚弱病籍胃气以助化精微、生血气、行药力；病后得痊又当调脾胃以善其后，故治百病者，不可不调脾胃。脾病以虚为多，宜扶宜养，脾健则运；胃病以实为多，治宜通降，通降则和；故调理脾胃之要，须着眼于调其升降及受纳运化。中土者，万物之母，四运之轴，为五脏之中心；脾胃健运，自可滋益五脏、灌溉四旁，可以生心营、益肺气、养肝血、充肾精；脾胃和则清升浊降，气血通调，脏腑筋骨、经络气血、四肢百骸、五官九窍皆得其充养，百病所以能康复也。故临床杂症，常从脾胃入手，或培土生金，或崇土制水，或扶土抑木，或补土益火以获佳效。

刚柔相济，勿倚勿偏。刚乃峻猛，柔是和缓，药物作用之峻缓不一。作用强者多功宏力峻，作用弱者多功微力缓。治危急重症，阴阳乖桀、气机逆乱、大寒大热、大实大虚之疾，常非作用较强、功效明显之品，或以平药大剂用之不可，味少药简，则力专也，至其效则减其峻而削其量，以缓药调理消息之以善后。治慢性久病，或虚实夹杂，寒热错杂，阴阳表里同病者，则宜辨其虚实寒热所在及多少，或以攻为主，或以补为治；或寒温同用，攻补兼施；酌于补泻温凉调治之。

治病用药，固然是用其寒热补泻之偏以矫正病证之偏热、偏寒、偏虚、偏实，在具体用药时，作用强烈的药要与作用和缓的药结合使用，以相辅相成。用寒凉的药，要考虑脾肾阳气的强弱；用温热的药，需审其阴血津液是否亏虚；用苦寒滋腻药，则稍佐和胃消导；用辛燥温热则适

当益以清润之品。寒热错杂，补泻同施，要审其寒热部位之上下内外，补泻轻重之或多或少；要在祛邪勿伤正，扶正不留邪。此外，还要考虑到药物作用的选择性。有些药物作用偏重于血，有些偏重于气，具体药物对各脏腑经络作用强弱也不一致，还有升降浮沉的不同，因而对整个机体气机的升降开合也有不同的影响。对病势较盛的急性实证，常以祛邪为先：其病在上者常宜向上向外以宣散发汗，病在下者则向下以泻利之，病在于中则用消导、和解，这是因势利导而排除邪气；对久病体虚者，又当酌情调后天、补先天、理气血而巩固其根本。

中学为主，西学为参。辨病辨证，人命攸关。2000年前，第一部辨证论治的专书《伤寒杂病论》，其各篇名就叫作“辨××病脉证并治”，要辨的首先是病，二就是脉，三就是证，辨清了这三点才说治。现在很多人开中药，不辨这些，或最多辨一辨病，就去用药。当然，药用得对得上病，知道这个病的选药范围，如急支炎咳嗽，用到麻黄、杏仁、桔梗、枳壳、黄芩、贝母、冬花、紫菀或是用到那些对某些病有特殊疗效的药，如一些专病专方，还算大方向不错，可能有百分之三、四十的有疗效；但倘对药没有一个确切认识，岂不是只有乱凑些药应付了事，不说疗效，究竟会有些什么危害还不知道呢。要把药用准，还得辨证辨脉；脉就是中医除了症状之外，验证这个证的一个指标。人有了病，不仅自己可以感觉到（这就形成“症”），而且会在一定的体表或功能上显现出来。舌与脉，就是两个最灵敏的显示器，一个是动的，一个是静的。一个看一看就可知道一些病和体内的情况；一个是摸一摸，感觉其变化、运动的状态就可以有助于把握机体状态；一个多反映物质的方面（阴阳盛衰、津液存亡、气血虚实及寒热），一个主要反映机能活动的状态，二者相辅相成；一些舌象和脉状，是可以作为处方用药的指标的。

临床上，各科有其常见病，各病有常见的证型，各证型也有其证候特点，一般情况下辨识之并不难。需注意的是，多病同存、以及复杂证候的辨证和证治。另外，可能有一些病，会出现一些较少见的证型，如糖尿病，以阴虚

燥热及气阴两虚为多，但有时可以见到挟湿时情况；胆石症、胆囊炎，常多湿热阻滞，胆胃不和证型，但也可见到阴虚火郁之证。应以临床为依据，细心审查辨证，不可简单地与书之所载对号入座。相同的舌、脉或症，也可能由多种原因导致。如舌上苔或厚或腻，既可因痰阻或湿滞所致，也可由食积胃脘，或肠腑结滞所致，不可不四诊合参以辨之。

病证辨之既明，治法随之而立；治疗的关键则在于选药。四气五味，升降浮沉，归经等主要阐述药物性效的基本理论，规律性强，疗效可靠，应坚持以之指导临床实践，始终以客观脉证为使用方药的依据。现代药理有时可作为临床用药的参考。但在据药理选用对应病种的药物时，还须详审该药药性的补泻温凉是否对应证候之虚实寒热，应做到对病对证，并行不悖。病情有缓急轻重，要求我们慎思明辨，有时以对病为主，有时以对证为先，不可拘泥。

临床上，还应充分吸取现代自然科学成果，将现代中药药理与中医界内外确实行之有效的治疗方法，如中医名家经验、民间单验方，以及各种行之有效的简易疗法及生活调护等知识，融合于临床治疗当中，辨病辨证结合，辨证论治与辨病论治（专病专方专药）结合，以提高疗效、扩大中医药治疗范围，发展和提高中医临床水平。

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Dr Kong-Ding Li's Clinical Principles

Bing Sheng YUAN

Dr. Kongding Li is one of the TCM masters. He is also one of the ten famous TCM practitioners in Si Chuan province. He is rewarded with special allowance by the Chinese government. His book "clinical gists" is the summary of his 60 years clinical experiences. I've been his student since 1997 through clinical practice and

studying. I feel his book is really important for TCM clinics. This is the reason why I'm writing this essay studying his herb formula and his clinical experience together with my own thoughts and understanding.

(1) When treating acute, emergent, severe diseases

due to cold, heat, deficiency, yin-yang imbalance, we should instead of using too many herbs, use a few specific herbs with adequately high dose, to target cold, heat or deficiency-related issues. The selection of herbs should be based on patient's individual body condition and also focus on the property of dryness, moistness and toxicity of each herb and then the dosage should be decided.

(2) When treating a person suffering from multi-illnesses, new illnesses co-existing with old ones, we need to put the new as well as the old into consideration including current symptoms with prediction of possible reaction to the herbs. The treatment plan will be made according to precise illnesses - the cause and effect, the main ones and the minor ones, and also the sequences of the occurrence of every situation. For example: A person with spleen insufficiency suffering long-term diarrhoea and colds, could come to see the doctor for the treatment of cold. In such a case, the fundamental illness is diarrhoea and the new illness is the cold, we should focus on his cold first. The most important thing in mixing herbs is not to disturb his spleen-stomach function. When the cold is cured, we then need to focus on his spleen deficiency and diarrhoea, together with tonifying defensive Qi to strengthen superficies deficiency and treat root. Another example is treating women with extended or heavy period, headache, dizziness, palpitation and fatigue, firstly we should also regulate ren- and chong-meridians, to stop heavy bleeding and normalise her period to save her blood and energy from unnecessary expenditure. Therefore the internal organs and meridians can get enough irrigation from blood and energy flow. Other symptoms will disappear one by one afterwards. On contrast, if treating headache, we always use szechwan lovage rhizome, gambir plant, treating palpitation, we always use dwarf lilyturf tuber, liquorice root or thinleaf milkwort root, or treating cold or limb cold, we always use cinammon twig, dried ginger, then we can hardly reach ultimate effect, may even make the illness or symptoms more complicated or worse.

(3) We need to study Li Dongyuan's principles on Spleen-Stomach in treating various illnesses. He emphasizes that Stomach qi is the fundament of human life, because spleen system is the source for qi and blood and also for yin yang balance and the hinge for the ascending and descending of qi movement. Sun Si Miao also states in his invaluable book *A Thousand Prescription for Emergencies*, we should treat spleen and stomach first for patients with five organs deficiency.

Clinically, inspection, consultation, interrogation and pulse taking are all based on spleen and stomach qi, and people also think the recovery after treatments are all based on stomach qi as well. As a saying goes, life if there is stomach qi or dieth if there isn't, that many patients are easier to treat and quicker to recover is because they have strong stomach and spleen Qi. So we assume that some people are more difficult to recover even with the same treatment methods because they all have weaker spleen and stomach. Sevrrious diseases can

be cured if patients have stronger spleen and stomach movement, so that the regular movement of their other organs are secured. So in order to treat dangerous or emergent even very serious illnesses, we need to focus on saving the spleen and stomach qi to help patients gain their chance to recover. When treating chronic illness, we also need to promote stomach qi. After the patient is cured, we still need to focus on the adjustment of patient's spleen and stomach function to help with full recovery, and help to enhance body's defence ability.

Body deficiency will normally lead to spleen disease, so in treatment we need to emphasize on reinforcing and nourishing. While stomach illnesses are more likely from excess, so in treatment we need to focus on unblocking, descending and harmonizing. The key points in regulating spleen and stomach are to adjust the ascending and descending, strength transportation and transformation. Clinically when we treat various illnesses, we need to start from spleen and stomach, either invigorate spleen to tonify lung, or warm spleen to resolve damp phlegm or invigorate spleen and sooth the liver, or invigorate spleen to reinforce heart function.

(4) In the herb treatment, normally cold herbs for heat-related illness, hot herbs for cold-related illnesses. Tonification for deficiency syndrome, purgative methods for excess illness. Furthermore, strong herbs need to be mixed with mild herbs to compact with one another. So our formulae need to be logic. And we need to remove the stronger herbs when the patient is improving. When we use cold herbs, we need to consider the yang-qi in spleen and kidney. When we use warm herbs, we need to consider Yin and body fluids. When we use bitter cold herbs, we need to mix them with herbs that can help with the stomach digestion. When we need to have both the warm and cold herbs, or purgative and the nourish herbs, we need put the following into consideration: cold and hot locations on different meridians on the body, qi and blood levels, where we need to nourish and where we need to purge, the principle is to eliminate xie (pathogenic) but keep zheng (upright) qi, reinforce the health and remove all the pathogenics. In using the herbs, we also need to think of the different functions of the herbs. Some herbs are more focused on the blood, some on the qi. Every herb has its own effect on the organs and different meridians.

When we treat emergent excess illness, we need to firstly focus on eliminating the pathogenic. When the illness is located at the upper part or the surface of the body, we need to ventilate and disperse to induce sweating. When the illness is located at lower part of the body, we need to induce urination and help with bowel movements. When the illness is located in the middle of the body, the method is to harmonize and promote digestion and remove stagnation. This method is based on the trend of the illness so that to get rid of pathogen. For those who have suffered long-term illness with deficient constitution, we need to adjust and strengthen their body, smooth blood and qi circulation and help to enhance their root.

(5) Combination of syndrome differentiation and disease diagnosis: 1800 years ago, Treatment on Cold-induced and Miscellaneous Diseases first time in the history discussed on syndrome differentiation for treatment. All the chapters are named similar: differentiation of different diseases and treatment accordingly. Differentiation of diseases, pulses and symptoms are 3 important bases for TCM treatment. Focusing on merely one of them is wrong. In nowadays TCM practice, tongue and pulse diagnosis are still crucial as a guide for prescribing herbs.

The rules in choosing herbs are following their four natures and five flavours, ascending and descending, floating and sinking, meridian tropism. They are all used to describe the medicinal property and actions of

different herbs. These principles are very reliable and scientific. When we use such natures of herbs as guide, we should pay attention to their purgative, tonifying, cold or warm natures in different herbs. Bear in mind that patient's illness keeps changing, so we normally need to modify our herb prescriptions in different stages of illness to ensure the most suitable herbs at all times.

In our practice, we need to adopt the new achievements from modern natural science, abundant clinical experience of many famous masters, or even some very effective folk formulae or therapies. By putting these things into consideration, we can surely improve the efficacy of our treatment, and therefore we make great contribution to UK healthcare and at the same time promote the development of TCM.

秋花综合症

汤淑兰

秋，秋天，又指人到中年时的机体状态。花，这里又指女性。秋花是指人到中年的女性。秋花综合症是指中年女性生理病理变化而出现的各种临床症状。多见于 28 到 45 岁的女性。

主要症状：心情紧张或情绪低落，喜悲伤欲流泪，心烦，头痛，神疲乏力，失眠健忘，注意力难以集中，遇事难以作出正确决定，不同程度地影响正常生活和工作。

病因病理：

1. 内因：女性到中年，由于生理方面的变化常造成气血不足或肾阴亏虚等内环境。
2. 外因：由于现代女性，特别是职业女性，受到家庭，社会，工作等方面的超负荷压力，尤其是丈夫或男友方面带来的情感刺激因素，以致脏腑功能失调，阴阳气血失衡。

鉴别：

病名	病因	主要症状
秋花综合症	家庭，社会因素	心情忧郁，紧张
更年期综合症	肾气虚，天癸绝	烘热，盗汗

辨证分型：

1. 肾阴亏虚，肝郁化火

主要症状：心烦易怒，神疲乏力，腰痛，失眠，口干，大便时秘，甚则耳鸣，脱发，月经量少或偏多，色红。舌质红赤苔少无，脉细数。可见潮热盗汗，与更年期综合症不同的是，患本症妇女大多月经仍正常，而更年期综合患者大多月经紊乱或绝经。

治疗原则：滋水涵木，养阴舒肝

方药组成：生地，百合，麦门冬，山药，枸杞子，山茱萸，佛手，郁金，茯神，酸枣仁，太子参，五味子

中成药：杞菊地黄丸，麦味地黄丸，加味逍遥丸

针灸取穴：三阴交，太溪，太冲，神门，头维，天枢，气海，关元，

2. 心脾两虚，气血不足

主要症状：情绪低落，郁郁寡欢，神疲乏力，心慌，失眠健忘，手足怕冷，月经量少色淡，面色萎黄，舌质淡体偏胖，边有齿痕苔薄白，脉沉细弱无力。

治疗原则：补益气血，健脾养心

方药组成：党参，白术，当归，大枣，炙甘草，益母草，合欢皮，山楂，茯神，远志，白芍，柴胡

中成药：归脾丸，逍遥丸，八珍益母丸，妇科养荣丸

针灸取穴：百会，气海，关元，天枢，足三里，太冲，血海

3. 痰湿内盛，上蒙心窍

主要症状：神思恍惚，恶梦纷纭，神疲乏力，恶心欲吐，腹胀胃纳不振，大便偏溏，月经推迟，舌质淡苔白厚腻，脉沉濡滑。

治疗原则：燥湿化痰，开通心窍

方药组成：陈皮，半夏，茯苓，远志，白术，党参，竹茹，藿香，佩兰，薏苡仁，莱菔子，石菖蒲，

中成药：二陈丸，藿术丸，舒肝丸

针灸取穴：丰隆，足三里，天枢，气海，关元，百会，太冲

4. 湿热偏盛，心肝火旺

主要症状：心烦易怒，情绪暴躁，头痛，失眠，便秘，口苦，月经或前或后，量或多或少，舌质红赤苔黄腻，脉弦滑数

治疗原则：清热利湿，清心平肝

方药组成：车前草，竹茹，茵陈，佛手，川楝子，夏枯草，远志，陈皮，茯苓，莱菔子，白菊花，泽泻

中成药：龙胆泻肝丸，湿热宁，加味逍遥丸

针灸取穴：丰隆，曲池，合谷，列缺，太冲，天枢，足三里，神门，头维

典型病例

Susan, 女, 40岁。

1, 初诊: 2004年11月12日

情绪低落，易于流泪，缘于刚离婚不久，神疲乏力；烘热，盗汗；颈项强硬不舒；腰痛，失眠，经前便秘，胃纳不振，月经量多，此次行经三周末止。尿黄，舌质红赤苔少，脉细弦数。

证属：肾阴亏虚，肝郁化火，冲任血热

治拟：益肾养阴，清肝化火，凉血调冲

处方：茜草根，藕节，牡丹皮，太子参，合欢皮，益母草，桑寄生，生地，白茅根，佛手，丹参，黄芩，赤芍，草7剂

针灸取穴：曲池，合谷，列缺，血海，三阴交，太冲，气海，关元，天枢

2, 二诊: 2004年11月19日

月经过多出血已止，心情平静，睡眠好转，精力有增，胃纳可，大小便调，舌红苔薄白，脉细数

针灸取穴：同上

处方：杞菊地黄丸

3, 两年后又来诊 2006年11月29日:

此次情绪波动，来诊所时控制不住大声痛哭，自诉由于男友母亲阻挠他们的关系，同时又在卖原来的房子，有一女儿8岁。头痛，恶心欲吐，怕冷，腰痛，神疲乏力，失眠，注意力难以集中，不思饮食，腹胀不舒，大便时干时溏，舌体偏胖，质淡边有齿痕苔白，脉沉迟无力。

证属：肝郁乘脾，心脾气血不足

治拟：舒肝理气，健脾养心，安定神志

针灸取穴：百会，气海，关元，天枢，足三里，太冲，神门

处方：1, 舒肝丸

2, 妇科养荣丸

3, 养血安神片

4, 又诊 2006年12月10日:

经上治后精神有增，睡眠好转，情绪得以控制，与两年前相比，体质由热转寒治则选方随之变化。近两年来由于男友方面的问题（详见所附“乳房之上”一文）。苏珊情绪，精神，睡眠常波动起伏，但中药针灸随证施治，使她保持机体功能平衡健康，精神顽强，心态终趋平衡，今年她并籍此为乳腺癌研究中心募捐，撰写并上演了戏剧“乳房之上”，她现在工作成功，生活愉快，拥有比爱情更广阔的天空。

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Autumn Flower Syndrome

Shu Lan TANG

Autumn represents middle life and flower represents the woman. So autumn flower: is the middle-aged woman. Autumn flower syndrome is a clinical syndrome of the middle-aged women due to physiological and pathogenical change.

1. Main symptoms

Depression, sadness, general tiredness, palpitations, insomnia, forgetfulness, cold hands and feet, scanty periods, light colour, pale complexion, pale tongue enlarged body, teeth marks, thin-white coat, deep thready weak pulse.

2. Causes

2.1 Internal Causes

Middle-aged woman, duo to menstruations, pregnancy, labour and breast feeding, case of deficiency of qi and blood or kidney yin deficiency naturally due to age.

Main symptoms: Stress, depression, tearfulness, irritability, headache, tiredness, insomnia, lack of concentration, difficulty making decisions, this syndrome affects normal life and work.

2.2 External causes:

Modern women, especially professional women, have too many pressures from family, work and society. Relationships with partners cause emotional problems, affecting the function of organs, resulting in the imbalance of qi and blood.

3. Comparison with menopause

Name:	Causes	Symptoms
Autumn flower syndrome	Family; Social reason	Stress; Depression
Menopause syndrome	Kidney qi deficiency; Tian Kui exsusted	Hot flushes night sweat

4. Differentiation

4.1 Kidney yin deficiency, liver qi stagnation turning to liver fire.

Symptoms: Stress, irritability, general tiredness, backache, insomnia, thirsty, constipation, even tinnitus, hair loss, heavy periods or scanty, red color, red tongue less coating or no coating, thready and rapid pulse. She can experience hot flushes and night sweats, but still have regular menstruation. It is different from the menopausal syndrome. The menopausal woman often has irregular menstruation or no menstruation.

Treatment principle: Tonify the kidney yin soothes the liver qi.

Prescription: Sheng di , Bai he, Mai men dong, Shan yao, Gou qi zi , Shan zhu yu, Fo Shou gan, Yu jin, Fu shen, Suan zhao ren, Tai zi shen, Wu wei zi.

Patent: Qi Ju Di Huang Wan, Mai Wei Di Huang Wan, Jia Wei Xiao Yao Wan

Acupuncture Points: SP6, KI3, LIV3, ST8, H7, ST25, REN4, REN6.

4.2 Deficiency of qi and blood

Treatment principle: Tonify qi and blood; Strengthen spleen and heart

Prescriptions: Dang shen, Bai zhu, Dang gui , Da zao, Zhi gan cao, Yi mu cao, He huan pi, Shan zha, Fu shen, Yuan zhi, Bai shao, Chai hu.

Patents: Gui Pi Wan, Xiao Yao Wan, Ba Zhen Yi Mu Wan, Fu Ke Yang Rong Wan

Acupuncture Points: DU20, REN4, REN6, ST25, ST36, LIV3, SP10.

4.3 Excessive Damp Phlegm obstructs the heart

Main symptoms: Depression, forgetfulness, nightmares, tiredness, sickness nausea, bloating, poor appetite, loose stools, delayed menstruation, pale tongue, thick white coat, deep soft slippery pulse

Treatment principal: Dry out the dampness, resolves the phlegm, open the heart

Prescription: Chen pi, Ban xia, Fu ling, Yuan zhi, Bai Zhu, Dang shen, Zhu Ru, Huo Xiang, Pei lan, Yi yi ren, Lai fu zi, Shi chang pu

Patent: Er Chen Wan, Huo Zhu Wan, Shu Gan Wan.

Acupuncture Points: ST36, ST40, ST25, REN4, REN6, DU20, LIV3

4.4 Excessive Damp Heat, Rising fire of heart and liver

Main symptoms: Stress, irritability, headaches, insomnia, constipation, bitter taste in mouth, irregular menstruation, that can be early or late, heavy or less, red tongue, yellow greasy coating, slippery rapid pulse.

Prescription: Che qian cao, Zhu ru, Ju hua, Yin chen hao, Fo shou, Ze xie, Chuan lian zi, Xia ku cao, Yuan zi , Chen pi, Fu ling, Lai fu zi.

Patent: Long Dan Xie Gan Wan , Shi Re Ning, Jia wei Xiao Yao Wan

Acupuncture Point: ST40, LI4, LI11, LUN7, LIVER3, ST25, ST36, H7, ST8

Typical Case: Susan, female, 40 years old.

First visit: 12/11/2004

Depression, tearfulness duo to divorce, tiredness, hot flushes, night sweats, stiff neck, backache, insomnia, constipation, poor appetite, heavy periods ongoing for 3 weeks and not stopped yet, yellow urine , red tongue

with less coating, thready taut rapid pulse.

Diagnosis: Autumn flower syndrome, blood heat in chong and ren channels

Treatment principal: Nourish kidney yin, clear liver fire, cool the blood, regulate the chong and ren channels.

Prescription: Qian cao gen, Ou Jie, Mu dan pi, Tai zi shen, He huan pi, Yi mu cao, Sang ji sheng, Sheng di huang, Bai mao gen, Fo shou, Dan shen, Huang qi, Chi shao. 7 bags of dried herbs.

Acupuncture points: LI4, LI11, LUN7, SP10, LIV3, SP10, REN4, REN6, ST25.

Second Visit: 19/11/2004

Menstrual bleeding stopped, feeling calmer, sleep is better, more energy, appetite ok, and bowels and urine are normal, red tongue, thin white coat, thready rapid pulse.

Acupuncture: Same as above:

Patent: Qi Ju Di Huang Wan

2 Years later: 29/11/2006

Susan felt very emotional, couldn't stop crying, and she had fallen in love but her boyfriend's mother was causing difficulties in their relationship. At the same time she was trying to sell her house with her ex-husband and had an 8 years old daughter to look after, headache nausea, coldness backache tiredness, insomnia, lack of concentration, poor appetite, pale tongue, enlarged tongue

body, teeth marks, deep slow weak pulse.

Differentiation: Liver qi stagnation, deficiency of qi and blood of heart and spleen.

Treatment principal: Soothe the liver qi, strengthening spleen, and heart tonify qi and blood.

Acupuncture points: DU20, REN4, REN6, ST25, ST36, LIV3, HT7

Patent: Shu Gan Wan, Fu Ke Yang Yong Wan, Yang Xue An Shen Pian.

She visited again on 10/12/2006

After the above treatment, she felt more energy, and was sleeping better, and had a calmer mood, compared with 2 years ago. Susan's body constitution changed from hot to cold and therefore the treatments varied. During the last 2 years, increased emotional trouble from boyfriend (please see the details on my article 'on the breast' on Chinese Sunpost newspaper on 4.11.2008).

Susan's mood, spirit, sleep and energy fluctuate up and down all the time. Acupuncture and Chinese medicine helped her to keep healthy and stronger inside. She felt more balanced emotionally, she wrote a play called "on the breast" this year. She played successfully to the public on 17.12.2008. Now Susan is happy with her work and life. She feels that she "owns the wide and high sky".

谈‘秋花综合征’ (Discussion on Autumn Flower Syndrome)

鹿馨 (Xin LU), 栾秀杰 (Xiujie LUAN)

在2008年12月7日曼城ATCM小组活动日, 淑兰给大家讲了秋花综合征。当时听得很认真, 过后久久不能从脑中逝去, 越想越觉得此名字非常贴切。

淑兰意指女人为花, 秋为中年或中晚年。花虽随季节开放及凋谢, 但周围环境之影响尤为不可忽视。如天气过寒, 过热, 风过大, 少雨或失人工护养。花虽夏季亦可早衰, 过早归于秋花之列。同理, 如女人工作太忙, 工作压力太大, 倍受家事烦扰, 或不注意饮食, 缺乏休息, 无时间锻炼。虽年龄未到秋花, 却实已步入其列。反之, 女人虽进入中年, 但如能早期注意保养, 如营养平衡, 定期锻炼, 充足的休息, 活跃的社交, 可延缓进入秋花之列。

如何防止“夏花”早入秋花之列? 如何延缓“秋花”入列? 园丁的作用不可忽略。谁为此园丁? 中医当之无愧。中医能有效地通过调节气血平衡, 促进新陈代谢, 疏理情志, 从而达到延缓衰老作用。

总之, 描述青中年女性类似更年期综合征, 秋花综合征贴切入骨, 此名有可能在不久的将来被收入中文或英文词典。

Shulan gave a talk called Autumn Flower Syndrome on Sunday, 7th December 2008 in ATCM regional group meeting in Manchester. We were kindly invited by Ms. Hui Nie, and were

deeply impressed by the talk, especially the name of Autumn Flower Syndrome.

The meaning of flower in Shulan's talk is women. The autumn means middle age. Therefore the meaning of Autumn Flower Syndrome is symptoms happened in middle aged women. However, as flowers may be influenced by surrounding environment, such as too cold, too hot, too windy, less rain or less be looked after. So, although it is summer, the flowers could wither earlier than they should be, become autumn flower. The same way, if women work too hard, with too much pressure, involving family troubles, or not have healthy diet, no regular exercises, not enough rest and relax, although they are only early thirty or forty, they might actually be autumn flowers. Same principle, although being middle ages, women look after themselves, such as healthy diet, regular exercises, plenty of rest, cheerful social activities, they may remain their summer flower season longer.

Is there any way to prevent summer flower withering, and to prolong blossom of autumn flowers? Yes, that is gardeners, the Chinese Medicine practitioners. Chinese Medicine can be so effective to help women to maintain good health via balancing Qi and Blood, stimulating metabolism, and regulating mood.

The name of Autumn Flower Syndrome is so aptly to describe the early menopause symptoms; it should be possibly added to the Chinese or English dictionaries in the future.

中医治疗高促卵泡成熟素引起之不孕症

赵丽琴

Zhong Jing TCM, Sheffield, UK.

摘要：高促卵泡成熟素导致的不孕症在英国很普遍，是一种复杂而棘手的病症，难以治疗。西医妇科和生殖科的专家常常用雌激素替代疗法或避孕药治疗，这种药物有可能降低其 FSH 水平，帮助妇女月经复潮，但并不能改善其卵巢功能，促使排卵，也不能助其怀孕，这些病人唯一的选择是采用捐献者之卵子进行人工授精治疗。中医是一种非常有效的治疗方法，不仅可以恢复其激素水平，重新排卵，尚可助其成功受孕。在这篇文章中作者分析了高促卵泡成熟素的病因病机，讨论了高促卵泡成熟素怎样导致不孕，有可能的发病原因，中医的观点，以及如何准确而有效地治疗高促卵泡成熟素症。作者还总结报告了一些成功治疗的病例，与各位同仁共同探讨。

关键词：促卵泡成熟素，雌激素替代疗法，传统中医药，人工授精术，体外授精与胚胎移植，卵巢早衰。

1. 什么是促卵泡成熟素？

促卵泡成熟素是一种糖蛋白激素，受下丘脑促性腺激素释放激素的控制，由垂体前叶嗜碱性细胞分泌。其功能为刺激卵巢生长，促进卵泡的生长发育，在少量的促黄体生成素（LH）的共同作用下使卵泡成熟，并分泌雌激素，促使排卵及黄体形成。

促卵泡成熟素在妇女月经周期之不同阶段呈现不同水平。育龄妇女月经周期第 2 天或第 3 天之促卵泡成熟素应低于 10 iu/l，10-12 iu/l 为最高界限，若超过 12 iu/l 将被拒绝做 IVF 治疗。

2. 高促卵泡成熟素怎样导致不孕？

正常情况下年轻妇女之促卵泡成熟素较低，而且数值波动较小。随着年龄的增长，卵巢开始萎缩，其功能逐渐衰退，促卵泡成熟素数值波动渐增大，最高值渐增高，直到妇女进入绝经前期，最后到更年期，此数值将持续在高水平，这反映了妇女逐渐衰老的一个自然变化过程。但是，如果育龄妇女在 40 岁以前出现高促卵泡成熟素现象，将被诊断为“卵巢早衰”或“更年期提前”，显示其卵巢内的卵子数量在减少，生育能力下降。患有高促卵泡成熟素之妇女常常被西医妇科专家告知无法医治，甚至也不能做 IVF 治疗，因为她们很大机率上有可能对刺激卵巢之西药无反应或反应很差，成功率极低。所以医生一般会建议她们用别人捐献之卵子做 IVF，这样也许她们最终会生一个孩子，但其卵巢功能之衰退并未得到医治。当然她们真正希望的是能接受一种治疗，可以帮助恢复其卵巢之功能及激素水平，最终能怀上用自己的卵子孕育出来的亲生孩子。

3. 高促卵泡成熟素的发病原因

造成促卵泡成熟素升高的原因至今尚不完全明确，下面是几个可能的原因：

- 卵巢早衰。
- 自身免疫性疾病，如甲状腺机能低下，肾上腺皮质机能减退等。
- 长期精神压力过大，或精神忧郁，思虑过度。
- 基因缺陷。
- 长期服用避孕药，突然停药出现之激素紊乱。
- 子宫内异位症，输卵管堵塞，或子宫肌瘤等盆腔术后，人流术后，自然流产后，或盆腔炎。
- 癌症化疗或放疗后。
- 长期酗酒嗜烟者。

4. 中医对高促成熟卵泡素发病机理的观点

肾阴不足，虚热内生：

素为阴虚体质，或长期服用避孕药，致肾气抑郁，肾阴不生；或癌症放疗化疗后伤及肾阴，虚热内生。由于以上原因致精血不足，冲任空虚，子宫与卵巢内血流减少，其功能渐衰退，内分泌紊乱，故出现促卵泡成熟素升高。

肝郁伤脾，气血不足：

长期精神压力过大，忧思过度，工作时间过久，或嗜烟酒，损及肝脾，致肝郁不舒，气血失调，脾虚而不能助胃转化食物为气血，致气血不足，难以滋养胞宫和卵巢，功能失调，激素水平失去平衡，从而发病。

血瘀胞宫：

盆腔术后，人流术后，小产后，或盆腔炎，致血阻胞宫，盆腔内血液循环不足，宫失所养，故宫内环境差，卵巢功能受损，促卵巢成熟素增高。

5. 常见临床症状

烘热汗出，潮热盗汗，失眠，头痛头晕，烦躁不安，疲倦乏力，月经周期缩短，经血量少，或月经不调，甚至闭经。排卵提前或不排卵，阴道分泌物减少，久婚不孕。这些症状可能突然在 1-2 月内出现，也可能在几年内逐渐出现。临床上常可见到妇女因多年不孕而最终被确诊为高促卵泡成熟素症。

6. 中医治疗高促卵泡成熟素

此病是一个让病人非常绝望的诊断，西医常常对此束手无策，只能给病人避孕药或雌激素替代疗法 HRT。这种方法也许可以人为地抑制促卵泡成熟素，减轻症状，帮助病人恢复行经，但却不能改善卵巢功能，助其排卵受孕。因为人工合成之雌激素给大脑传递错误信息，抑制了卵巢分泌自然雌激素，打破了雌激素反馈抑制促卵泡成熟素释放的作用，导致激素水平紊乱，促卵泡成熟素升高。

6.2 中药针灸处方

	中成药	草药/浓缩粉	针灸
基本处方	六味地黄丸/左归丸， 配归脾丸/妇科养荣丸	菟丝子，女贞子，旱莲草，麦门冬，山药，当归，熟地黄，枸杞子，鸡血藤等。	关元，子宫，内关，曲池，足三里，三阴交，太溪，脾俞，肾俞。
肝郁血虚，紧张焦虑	加味逍遥丸，养血安神丸	柴胡，牡丹皮，香附，夜交藤，酸枣仁，茯苓，白术，白芍药，茺蔚子。	百会，印堂，神门，肝俞，膈俞，太冲，合谷。
血瘀胞宫	血府逐瘀丸，桂枝茯苓丸，桃红四物丸	桃仁，红花，丹参，赤芍药，香附，益母草，泽兰。	天枢，中极，归来，地机，血海，合谷。

7. 典型病例

病例一

Fiona, 32 岁，空姐。试孕前曾服避孕药十余年，停药避孕药后闭经六个月，再次行经一年后自然怀孕并生一女，母乳喂养仅三个月，但月经十个月后方来潮，且月经不调，最短周期为 22 天，经血量少，五个月后再次闭经至今。曾到医院看妇科专家医生，化验血查其 FSH 升高至 46iu/l，被诊为卵巢早衰，并告知不可能再怀孕，给六个月之药物 HRT 服用。她非常地沮丧和伤心，但不愿放弃，通过朋友找到我。经过四周的中药针灸治疗，其月经恢复，周期调至 28 天。三个月后，她请求妇科医生复查其血，看 FSH 是否降低。但医生不相信其 FSH 有可能再降至正常，而拒绝做血化验，并建议她采用捐献者的卵子做 IVF 治疗。她不得不尊重专家医生之意见，电话不孕不育症专科医院为其找配卵子捐献者（一般需等 1-2 年）。但一个月后，她奇迹般地自然怀孕，于 2008 年六月剖腹产双胞胎女

6.1 中医治疗原则

中医是一种治疗高促卵泡成熟素非常有效的方法，不过我们的中医教材上并没有特别讲过具体治疗的方法。本人只是根据临床经验，结合所读过之中医学术文献，进行辩证施治，总结出如下治疗方案：

6.1.1 治疗关键在于滋养肾阴，提高雌激素水平；健脾胃补气血，增加子宫及卵巢内血流量，从而恢复卵巢功能，改善子宫内膜厚度，调整激素平衡，降低促卵泡成熟素水平。

6.1.2 疏肝解郁，滋养心血，安神定志，以改善血液循环，调经理气，平衡阴阳，稳定激素水平，提高卵子质量，并促使排卵。

6.1.3 活血化瘀，软化瘢痕组织，增强子宫自然修复能力，提高机体健康状况，创造一个良好的子宫内环境，以便卵子受精，并能着床受孕。

儿。

病例二

Jennifer, 34 岁，商场经理。自初潮始月经不调，周期在 25 到 46 天之间，且痛经甚，经血量多。19 岁始服避孕药直到 30 岁。四年前停药避孕药，欲自然怀孕却未果。曾于 2006 年做血化验证实其无排卵，之后服十个月的克罗米芬（两个疗程）及一次人工授精，但均未成功。三个月前做子宫镜查出有严重子宫内膜异位症及左卵巢囊肿，疑为上述治疗失败的原因，于是手术切除了移位之子宫内膜，并期望能尽快再做人工授精助孕。但术后其月经周期缩短为 19 至 25 天，且 FSH 升高到 18.6 iu/l，雌二醇降低为 78 pmol/l。其妇科专家不得不推迟她的人工授精治疗，并把她推荐给了我。Jennifer 当时非常懊恼，精神压力很大，担心永远也不可能有自己的孩子们了。经过四个星期的针灸和中药治疗，她的月经周期恢复到 27 天，经血量正常，经行第四天的 FSH 降至 10.2 iu/l（如果在第二天化验将会低于 10

iu/l), 雌二醇升至 138 pmol/l, 均在正常值范围内。并在其周期的第 15 天做 Scan 证实已于第 14 天排卵。继续治疗三个月, 当她准备做 IVF 时, 惊喜地发现她已自然怀孕。孕期顺利健康, 足月顺产一健康女婴重 8lb3oz.

病例三

Joanne, 33 岁, 乳癌健康与保健经理。15 岁时患有病毒性脑膜炎, 并于同年做了扁桃腺及阑尾切除术。13 岁初潮, 因经血量多而给服避孕药, 但不幸的是 18 岁诊为乳腺癌, 且很快在几个月内转移到了骨髓。她曾做了两年的化疗和放疗, 服了五年的 Tamoxifen, 闭经五年, 于 2000 年月经恢复来潮, 但周期不调, 大约在 25-35 天之间。不过她幸运地治愈了癌症, 身体恢复很好, 并于 2002 年做了乳房修复术等。五年来尝试怀孕均无果效, 化验血得知其 FSH 升高到 20 iu/l。医院妇科医生束手无策, 无法为其做 IVF, 只好放弃。当时她的一位同事经过我的治疗已到怀孕中期, 鼓励她不要放弃, 并送她来找我。她很绝望, 精神紧张, 潮热汗出, 失眠盗汗, 但手脚冰凉, 头痛, 疲惫不堪, 经前嗜甜食, 腹腔镜和子宫镜发现子宫内有瘢痕组织。她的病情很复杂, 虚实并存, 肝气郁结, 肾阴不足, 虚热内生, 且伴有脾虚血弱。

我的治疗分两步:

第一步, 疏肝气, 调经血, 滋肾阴, 降虚火, 以提高其雌激素水平;

第二步, 补脾肾, 养肝血, 以增加子宫及卵巢内血流量, 加强子宫内膜厚度, 改善卵巢功能, 降低 FSH 水平, 促使排卵。

经过五个月的中药针灸治疗, 上述症状消失, 精神很好, 身体恢复如常人, FSH 降至 5.5iu/l, Scan 显示有排卵。继续治疗三月而自然怀孕, 现已孕 38 周, 一切正常。

病例四

Helen, 36 岁, 教师, 自 18 岁始服避孕药, 五年前停服, 准备怀孕, 但其月经却从此再未来潮, 且 FSH 升高, 被诊为卵巢早衰, 给服 HRT。之后曾在医院做两次药物促排卵治疗, 第二次怀孕成功, 但不幸于六周时流产。流产两周后就诊于我, 当时其 (HCG) 绒毛膜促性腺激素仍很高 (300), 属不完全流产, 且小腹疼痛, 触之有硬结, 精神异常紧张, 焦虑失眠, 畏寒肢冷, 夜尿频数。食素者, 喜运动, 曾参加过马拉松比赛, 形体消瘦。中医治疗分两步: 第一步, 活血化瘀清宫, 疏肝理气, 改善盆腔内血液循环; 然后调补气血, 滋养肾阴(精), 健脾益肾。针灸中药治疗同时, 建议其三个月内暂不要做 IVF 治疗, 但因她担心年龄会影响其生育能力, 不愿再等, 故在接下来的四个月内又做了一次 IUI 和一次 IVF, 均失败。最终接受我的衷告, 三个月后又做 IVF, 此次怀孕成功, 且整个孕期健康无恙。当其女儿一岁时返来复诊, 告知两月前曾又做过一次 IVF, 只取出四个卵子, 且无一卵子成为受精卵而被取消治疗, 现准备再做 IVF。此次经过针灸治疗后, 取卵九个, 其中五个成为受精卵, 移植于子宫内两个, 并再次成功怀孕双胞胎, 她们现已九个月大。

病例五

Julie, 助产士, 初诊时 40 岁, 曾做两次 IVF 均未成功, 其中一次因仅分泌两个卵泡而改为 IUI。来诊时精神异常紧张, 焦虑不安, 忧郁寡欢, 倦怠乏力, 腰背疼痛, 畏寒肢冷。月经周期在 21-28 天之间, 严重经前紧张症, 痛经, 经血量多, 夹有瘀块。证属脾肾阳虚, 肝郁血滞。中药针灸治疗四月后, 整体状况良好, 月经周期调至正常 28 天。但遗憾的是 Julie 家中出事, 难以处理, 故不得不停止治疗。16 个月后, 当她再次来诊时, 她的 FSH 已升至 14.6 iu/l, 医生告诉她, 卵巢功能已衰退, 卵子质量差, 怀孕几率很小, 建议她考虑用捐献者之卵子做 IVF。但她希望在等捐献者时, 再试一次用自己的卵子做 IVF, 不过一定要配合针灸治疗。这次她对 IVF 药物反应非常好, 分泌了 8 个卵泡, 最后作了两个胚胎移植, 并成功受孕, 于 43 岁生日前顺产一健康女婴 8lb8oz.

病例六

Debbie, 40 岁, 商店职员。其丈夫 46 岁, 曾与前妻生育两个孩子后, 做了输精管结扎术。近日做输精管吻合术失败, 自然怀孕无望, 只好考虑做 IVF 治疗, 但意外地发现 Debbie 的 FSH 升高到 14.5 iu/l, 妇科专家建议他们再等一等, 如果三个月后 FSH 仍高于 10 iu/l, 他们唯一要孩子的办法就是采用捐献者的卵子做 IVF。遗憾的是三个月后, FSH 不但没降, 反而升到 23.2 iu/l。他们很绝望, 拒绝用捐献的卵子, 通过朋友找到我, 并开始针灸治疗。经过八次针灸, FSH 降至 5.5 iu/l, 医院接受为其做 IVF。Debbie 对所用药反应良好, 子宫内膜厚度超过 10mm, 最后做了两个质量很好 (1-2 级) 的胚胎移植, 并成功受孕, 其儿子现已两岁半。

8. 总结

8.1 女人出生时卵巢内就带有一生所需要的卵子, 大约有 100 万-200 万个, 然后随着年龄的增长而逐渐减少, 直到进入更年期, 卵巢功能衰退, 排卵停止, FSH 升至最高, 这是一种自然的生理现象。如果年轻妇女出现 FSH 升高, 据临床观察, 她将有可能对西医所用之治疗不孕不育症药物反应差, IVF/IUI 也许不能提高其受孕率, 但并不表明卵巢内没有剩下任何高质量的卵子或不能受孕。只要其 FSH 水平尚有波动, 那么她将比 FSH 持续在高水平者有更高的机率怀孕。

8.2 中医治疗的关键是要辩证施治, 无论西医诊断病名如何, 只要辩证清楚, 用药取穴准确, 治疗效果很好。但一定要根据每个病人的情况灵活掌握。中成药: 服用方便, 经济实惠, 易被病人接受, 更适合职业女性无暇煎药者。但其作用较弱, 需配合常规针灸治疗; 草药: 包括水煎剂和浓缩粉, 比中成药作用强而有效, 并可根据病情变化随时增减药物成分和用量。一般显效较快,

尤其适合于病人距离较远，难以常规针灸治疗者和病情复杂者；针灸对伴有长期精神紧张，忧郁寡欢，焦虑不安或失眠者尤为有效，与中药配合治疗此症效果突出。

8.3 治疗时 首先要以调经为主，当病人之月经调至正常，治疗原则及选穴用药应根据病人周期的四个不同阶段，阴阳气血之变化而及时进行调整，以达到改善卵巢功能，提高卵子质量，促排卵助孕之效果。

8.4 从本人临床观察，中医结合 HRT 有时能更快更有效得降低 FSH。当病人之 FSH 降至正常范围，一般来讲，继续中医治疗自然怀孕几率很高。但若因其它原因，如男方严重精子问题，或曾做输精管结扎术；女方患有严重子宫内膜异位症，子宫肌瘤，或输卵管严重阻塞等需做 IVF 治疗；或因病人要求配合 IVF 或 IUI 治疗者，西医妇科专家常常会告诫病人停服任何其它药物，包括中药，担心影响 IVF 药物之功效。我建议配合他们，只做针灸治疗，免惹麻烦。但一定要根据病人所选 IVF 方案及用药之不同，以及病人对药物反应之不同而随时调穴，以适应其变化。正确而有效地运用针灸，可减轻 IVF 药物的副作用，帮助并改善其对药物之反应，提高卵子质量，创造良好的

子宫内环境，继而提高成功受孕率。

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赵丽琴医师，于 1985 年 7 月毕业于河南中医学院中医系。1985 年 7 月至 1995 年 1 月在洛阳市第二中医院工作，任主治医师，擅长妇科疾病及不孕不育症之治疗。1995 年 2 月来英至今，一直潜心于中医针灸治疗妇科病，不孕不育症及习惯性流产之临床工作，并与当地医院妇科及生殖科专家，以及 CARE Fertility（英国最大的不孕不育专科医院）进行合作，成功治愈了数百例病人，曾多次被报纸，杂志及电视台采访报导。

TCM Treatment of Female Infertility Caused by High FSH

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Abstract: High FSH caused female infertility is very common in the UK, and it is a really complicated and difficult condition to be treated. Western gynaecologists and consultants often prescribe Hormone Replacement Therapy (HRT) or contraceptive pills for the patients, although this may suppress the FSH, helping women menstruate again, but it would neither improve the ovaries' function nor promote ovulation, nor achieve pregnancy. The only option for those women to conceive is having IVF by using donor eggs. However, TCM is the most effective treatment for infertility caused by high FSH. In this article the author analyses the aetiology and pathology of the disorder, discusses how high FSH affects infertility, the possible causes of it, TCM philosophy on high FSH, and how to use TCM precisely and effectively to treat high FSH. She also reports some successful cases that represent women with different ages and fertility issues.

Key Words: Follicle Stimulating Hormone (FSH); Hormone Replacement Therapy (HRT), Traditional Chinese Medicine (TCM), In-Vitro Fertilisation (IVF); Intrauterine Insemination (IUI); Premature Ovarian Failure (POF)

1. What is FSH?

FSH, or Follicle Stimulating Hormone, is a hormone that is produced and released by the pituitary gland in the brain and stimulates the ovaries to develop follicles, ripen the eggs and eventually release the eggs.

A baseline FSH blood test on day 2 or 3 of the

menstrual cycle is expected to be below 10 iu/l in women with reproductive potential, FSH levels of 10-12 iu/l are considered borderline

2. How does high FSH affect fertility?

FSH fluctuates from cycle to cycle. In young women,

FSH is normally low and the fluctuation is minimal. As a woman ages, her ovaries are depleted, FSH fluctuation becomes greater and the maximum reading gets higher and remains high until finally the woman enters perimenopause (known as menopausal transition), and subsequently menopause. This reflects the process of aging and is part of a woman's natural physiological change.

However, if it occurs prior to the age of 40, the woman may be diagnosed with 'premature ovarian failure (POF)' or 'premature menopause'. High FSH indicates poor ovarian reserve, the number of eggs left in the ovaries is declining. As a consequence, the woman becomes progressively less fertile.

Many women with high FSH levels are told that there is nothing that the Fertility Consultant could do for them to help this. They can't even embark on IVF or IUI until their FSH drops to the cut-off line (usually 11 or 12), as they are more likely to be a poor responder to fertility drugs used to stimulate their ovaries for IVF or IUI treatment. They are often advised to consider IVF with donor eggs. While this might give a woman a baby, it does nothing to address the underlying failure of the ovaries. Most women with high FSH prefer a treatment that will restore their ovaries and hormonal system to fully functional health, and hopefully they would be able to conceive with their own eggs and have their own genetic children.

3. Possible causes of high FSH

- Premature ovarian failure (POF).
- Autoimmune disorders, for example, hypothyroidism, adrenal gland impairment or lactation.
- Long term stress or depression.
- Chromosomal defects.
- Discontinuing the use of oral contraceptives.
- Damage from pelvic surgery, abortion, miscarriage or pelvic inflammatory disease (PID).
- Chemotherapy or radiotherapy.
- Excessive smoking and/or drinking.

4. The TCM philosophy on high FSH

4.1 Kidney Yin deficiency with concurrent heat

Being born with a genetic constitution of kidney yin deficiency or long term intake of contraceptive pills, suppressed kidney yin and energy; or chemotherapy or radiotherapy causes the depletion of kidney yin and deficiency heat. As a consequence, the Penetrating and Conception meridians become 'empty', the uterus and ovaries are being starved of blood flow, and its function begins to decline, causing high FSH.

4.2 Liver Qi stagnation with Spleen Qi and blood deficiency

Extreme stress, worry or over-thinking, working long hours, or excessive drinking and smoking can add toxic to the blood and then damage the liver. This therefore causes liver Qi stagnation and fails to regulate and store blood. The spleen Qi is also impaired, meaning the spleen cannot help the stomach transform the food we eat into Qi and blood, causing blood deficiency. A lack of blood supply to the uterus and ovaries will result in a malfunction, leading to hormonal imbalance - elevated FSH.

4.3 Blood stagnation in the uterus

After a pelvic operation, abortion, miscarriage or PID, the blood stagnated in the uterus and endometrium become unsmooth. Poor blood circulation in the pelvic area impairs nourishment of the uterus and ovaries, causing an unfriendly environment and an imbalanced hormone level.

5. Clinical symptoms of high FSH

The main symptoms of high FSH are: hot flushes; night sweats; insomnia; headache; restlessness; lethargy; short menstrual cycle with scanty bleeding; irregular period; amenorrhea; early ovulation; anovulation; lack of cervical mucus; infertility. These symptoms may appear suddenly over a couple of months, or gradually over several years. It is quite common that women are diagnosed with high FSH after years of unsuccessful conception.

6. TCM treatment for high FSH

High FSH is an extremely frustrating diagnosis. Regardless of the cause, western medicine generally does very little to help it. The treatment is usually contraceptive pills or oestrogen replacement therapy, such as HRT (Hormone Replacement Therapy). This may artificially suppress FSH, helping the woman to menstruate again, relieving some of the symptoms. However this exogenous suppression of FSH does not necessarily improve poor ovarian reserve and therefore would not help with conception as the artificial oestrogen sends signals to the brain that it doesn't need to stimulate the ovaries to produce oestrogen, causing hormonal imbalance.

6.1 TCM treatment principle

TCM is one of the most effective treatment methods for high FSH. Below is the TCM treatment principle that I've summarised according to my clinical experience and some TCM academic literatures I've read:

- The key point of treating high FSH is to nourish the kidney yin to support oestrogen, strengthen the spleen Qi and tonify the blood to increase blood supply to the uterus and ovaries. Together this restores the ovarian function, thickens the uterine lining, rectifies the hormonal imbalance and reduces the FSH level.

- To harmonise the Liver Qi and blood, we nourish the Heart blood to calm down the spirits, improve blood circulation, regulate the menstrual cycle, balance the Yin-Yang to stabilise the FSH level, improve eggs quality and promote ovulation.

- To remove blood stasis, we soften the scar tissues,

6.2 TCM prescription

strengthen the uterine self-healing function and improve general well-being. This creates a welcoming environment in the uterus for the eggs to be fertilised and implanted.

	Patent Herbs	Dried herbs / concentrated powders	Acupuncture
Principal prescription	Liu wei Di Huang wan or Zuo Gui Wan combine with Gui Pi Wan or Fu Ke Yang Rong Wan.	Tu Si Zi, Nu Zhen Zi, Han lian Cao, Mai Men Dong, Shan Yao, Dang Gui, Shu Di Huang, Gou Qi Zi, Ji Xie Teng etc.	Guan Yuan (Ren3), Zi Gong (EX-CA1), Nei Guan (Pc6), Qu Chi (LI11), Zu San Li (St 36), San Yi Jiao (Sp6), Tai Xi (Ki3), Pi Shu (Bl20), Shen Shu (Bl23).
Liver Qi stagnation with blood deficiency	Jia Wei Xiao Yao Wan, Yang Xie An Shen Wan.	Chai Hu, Mu Dan Pi, Yie Jiao Teng, Chong Wei Zi, Bai Shao Yao, Xiang Fu, Suan Zao Ren.	Yin Tang (EX-HN3), Bai Hui (Du20), Shen Men (He7), Gan Shu (Bl18), Ge Shu (Bl17), Tai Shong (Liv3), He Gu (LI4).
Blood stasis in the uterus.	Xie Fu Zhu Yu Wan, or Tao Hong Si Wu wan, or Gui Zhi Fu Ling Wan.	Tao Ren, Hong Hua, Dan Shen, Chi Shao Yao, Yi Mu Cao, Xiang Fu, Ze Lan.	Tian Shu (St25), Di Ji (Sp8), Gui Lai (St29), Xie Hai (Sp10), He Gu (LI4), Zhong Ji (Ren2).

Applying Chinese herbs and acupuncture precisely and accurately can be very effective for treating high FSH.

Patent Herbs: They are convenient to take and easy to be accepted. However, regular acupuncture treatment should be combined to achieve the best possible result. It is suitable for professional people who have high-paced lives.

Herbal tea (dry herbs or concentrated herbal powders): Much more powerful and effective than patent herbs. The herbal components can be modified at any time as is necessary according to the patient's condition. It is suitable for patients travelling long distance and not able to receive acupuncture regularly.

Acupuncture: It is especially effective for patients who are stressed, depressed, anxious or having sleep difficulties. Working together with herbs, it could achieve dramatic results.

7. Case Studies

Case one

Fiona, aged 32, had taken contraceptive pill for over 10 years before trying for a family. Her period stopped for 6 months after she came off the pill. She then conceived her first child naturally 12 months later. She breast-fed the baby for 3 months only, but she didn't start menstruate until 10 months later and it was very irregular when she did start eventually. The shortest cycles were 22 days with light bleeding. She then stopped menstruating completely after 5 months. She went to see

a gynaecological consultant in the hospital, day 2 blood tests revealed high FSH level of 46 iu/l. She was diagnosed with premature ovarian failure (POF) and told that she had no chance of conceiving naturally. She was devastated and walked out the hospital with a prescription of 6 months HRT drugs. Nevertheless, she started having acupuncture treatment along with Chinese herbal tablets, as well as following a special fertility diet which I advised her. Her period came back after 4 weeks of treatment and her cycles have been regularly 28 days ever since. She then asked the consultant for another blood test to see if her FSH level had dropped any lower, but was refused as the consultant did not believe that her FSH level would ever drop to normal. Instead, she was advised to consider IVF with donor eggs. However, a month later, while she was on the waiting list for donor eggs, she fell pregnant naturally with twins, and gave birth to two beautiful and healthy girls.

Case two

Jennifer, aged 34, had been trying to conceive unsuccessfully for 4 years with 11 years history of oral contraceptive pill. Her menstrual cycle was between 25 to 46 days. It was always painful, with heavy bleeding. She had blood tests 2 years ago and discovered that she did not ovulate. She then tried Clomid for 10 months (two courses) and one cycle of IUI with no success. She had laparoscopy 3 months ago and severe endometriosis was detected with an ovarian cyst. She was then operated and removed the misplaced endometrial tissues. Meanwhile she expecting that she would be able to start

IUI soon, but her period cycle shortened to 19 to 25 days, and her FSH level elevated to 18.6 iu/l, with low oestrogen (oestradiol) level of 78 pmol/l. The gynaecological consultant had to postpone her IUI and referred her to me. She was devastated and extremely stressed. However, her period cycle was regulated to 27 days with normal blood flow, after having been on TCM treatment for 4 weeks. Her day 4 FSH level dropped to 10.2 iu/l (it would be below 10 iu/l if it was tested for on day 2) and oestradiol was raised to 138pmol/l, which were normal level for this stage of the menstrual cycle. Her scan on day 15 showed that she ovulated on day 14. She continued acupuncture weekly with taking herbs every day for 3 months more, and surprisingly fell pregnant naturally while she was expecting to start IUI on that cycle. She eventually delivered a healthy baby girl weighing 8lb 3oz.

Case three

Joanne, aged 33 years old, has had viral meningitis at the age of 15, and also had her tonsils and appendix removed in the same year. She went on contraceptive pill at the age of 13 due to heavy periods, and was diagnosed with breast cancer at the age of 18, which spread to her bones a few months later. She had chemotherapy and radiotherapy for two years and tamoxifen for 5 years. Her period stopped for 5 years before she started menstruating again in 1999. The cycle was irregular, between 25-37 days. She recovered very well from cancer, and had breast reconstruction surgery and augmentation in 2002. She has been trying to conceive since then, but discovered that her FSH level had elevated to 20 iu/l. She cannot embark on IVF and the gynaecological consultant sent her away. She was extremely stressed, and felt hot most of the time, even though she had cold hands and feet, night sweats, poor sleep, headaches, thirst, fatigue and a craving for sweets before her period. Hysteroscopy/laparoscopy found scar tissue in her uterus. Her condition was very complicated, with a mixture of excess and deficiency. The liver qi was stagnated and the kidney yin was deficient with concurrent heat, together with spleen qi and blood deficiency. My treatment was divided into two steps:

Firstly to soothe the liver qi to regulate the period, nourish the kidney yin to cool down the heat and increase the oestrogen level.

Secondly to tonify the blood and spleen qi while nourishing the kidney yin to increase blood supply to the uterus and ovaries, strengthen the uterine lining, improve ovarian function, reduce the FSH level and promote ovulation.

She had been having acupuncture weekly for five months combined with patent herbs. Her FSH level reduced to 5.5 iu/l and scan showed that ovulation had occurred. She carried on the treatment and conceived naturally three months later. She couldn't believe it until she saw the baby's heartbeat from scan. She is now 38 weeks pregnant.

Case four

Helen was 35 years old, had taken contraceptive pills since the age of 18 and came off the pills five years ago

when she was going to start trying for a family. Unfortunately, she stopped menstruating altogether ever since with raised FSH. She was diagnosed with POF, and went on HRT. She had two cycles of ovulation induction, and achieved one pregnancy, but miscarried at 6 weeks. She visited me two weeks after the miscarriage, whereas her HCG level was still high (300), and lower abdominal area was painful and hard to touch. She was extremely stressed and anxious, had difficulty in sleeping, always suffered cold hands and feet with frequent urination. She had been a vegetarian for years, along with excessive exercise and was always under-weight. The TCM treatment was designed firstly to invigorate the blood, transform stasis, cleanse uterus, and soothe the liver qi, therefore improve pelvic blood flow; then to tonify the qi and blood, nourish kidney yin (essence), as well as strengthening spleen and kidney yang. Meanwhile, I advised her not trying to conceive for three months, allowing enough time for preparing her body. But she was really concerned that her age may go against her fertility, and had another IUI and IVF attempt within the next four months, unfortunately both failed. She then took my advice, had another IVF three months later. This time she successfully conceived and carried the baby to term. She came back to me again when the baby girl was one year old, had some more acupuncture treatment prior to IVF, and achieved another pregnancy with twins, who are now 9 months old.

Case five

Julie visited me for the first time when she was 40 years old after she had one failed IVF attempt and one cancelled IVF cycle due to poor response, which converted to IUI instead. She was very stressed, depressed and anxious, extremely tired, suffering bad backache and shoulder pains and always felt cold. Her period cycle was between 21 to 28 days, with heavy bleeding and clots, painful, and bad PMT. Her condition was spleen qi and kidney yang deficiency, together with liver qi and blood stagnation. After she had five months of acupuncture and Chinese herbs, her period cycle became regularly 28 days, and she felt much better in general. Unfortunately, she stopped the treatment completely as she was in a different situation. Sixteen months later, she found out that her FSH level elevated to 14.6 iu/l, and was told that it was unlikely she would ever conceive with her own eggs. However, she wanted to try IVF with her eggs whilst waiting for donor eggs, but combined this with acupuncture for the first time. On this occasion, she responded incredibly well, produced eight follicles, had two embryos of grade one transferred, and successfully achieved a pregnancy. She finally gave birth to a healthy baby girl of 8lb 8oz before her 43rd birthday.

Case six

Debbie was 40 years old. Her husband was 46 and had a vasectomy after having two children from a previous marriage. He failed to have it reversed.

Before they started IVF treatment, it was found that her FSH level was 14.5 iu/l. The consultant suggested that she could wait for a few more months to see if her FSH level would drop. Unfortunately, three months later,

her FSH level increased to 23.2 iu/l. She was told that there was no chance of her conceiving with her own eggs. They did not, however, want to use donor eggs.

She found me through her friend, and started Acupuncture treatment. After eight sessions of Acupuncture, her FSH level was reduced to 5.5 iu/l. She therefore started IVF treatment and responded really well to the stimulation drugs. She had two embryos of grade 1-2 transferred and achieved a strong positive result. Her little boy is now two and a half years old.

8. Summary

- 8.1 From birth, women are filled with all the eggs they will ever have (1-2 millions). This gradually decreases with age, until they enter menopause when the ovaries are depleted and run out of eggs and the FSH is elevated and stays elevated. This is a natural physiological process. However, if young women have high FSH, this indicates that the women are likely to be poor responders to the fertility medications, that IVF/IUI may or may not increase their chances of pregnancy. It does not necessarily mean that there are no high quality eggs remaining or that pregnancy is impossible. As long as the FSH is fluctuating, the odds of conception are higher than if it remains elevated.
- 8.2 When the patient's menstrual cycle has been regulated back to normal, the treatment principle should be altered according to the woman's four different phase of her cycle and the yin-yang pattern, qi-blood transformation, to promote ovulation and support conception.
- 8.3 From my clinical observation, the combination of TCM and HRT can be quite effective for reducing FSH level sometimes. When the patient's FSH drops to normal levels, they generally have a good chance of conceiving naturally if they continue TCM treatment, although IVF may be necessary for some of them that also have other conditions, for instance, if the male partner has severe problems of sperm or if he has had a vasectomy, or if the woman is suffering from serious endometriosis, fibroids, fallopian tube blockage, or a willingness to try acupuncture alongside IVF. It is often that the gynaecological consultant advises patients to stop taking any other medication including Chinese herbs whilst having IVF drugs. In these cases, I suggest that we should cooperate with the consultant, providing acupuncture only. However, we need to moderate some acupuncture points according to their IVF treatment protocols, such as long protocol, short protocol or Antagonist regime etc. Applying acupuncture treatment precisely and effectively during IVF, IUI or ICSI, can mitigate some of the side effects caused by those drugs, support and improve their response to the hormonal stimulation, produce better quality eggs, create a welcoming environment of uterus. As a consequence the success rate of pregnancy will increase.

Please note: all patients' names used in this article have been changed to protect their privacy.

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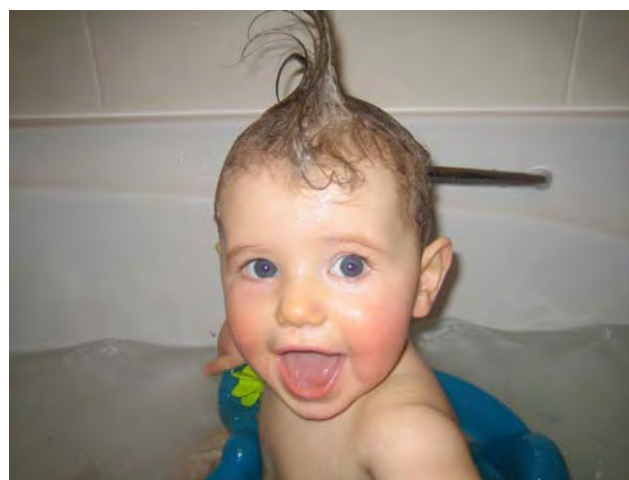
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Li Qin Zhao graduated from the Henan TCM University in July 1985. She had practised TCM in the second TCM hospital of Luoyang city in China for 10 years. She was appointed as a consultant specialising in gynaecological and reproductive medicine in 1992. She has been practising TCM in the UK since 1995 and found her clinic in 1998. She has been working closely with some consultant gynaecologists in the hospital and the CARE Fertility (a large independent fertility provider in the UK), and helped hundreds of infertile couples. She has been featured on newspapers, magazines, and Television several times.

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A miracle baby boy

This baby boy was born after the mother received TCM treatment for infertility from Dr Zhao's clinic. The mother gave the permission to have her son's photo published in ATCM Journal. She is now 24 weeks pregnant with her second child.

黄连的临床应用体会

张超 (Manchester)

黄连味苦，性寒，入心，肝，胆，大肠经。清热燥湿，清心除烦，泻火解毒。《珍珠囊》：“其用有六：泻心火，一也；去中焦湿热，二也；疮疡必用，三也；祛风湿，四也；治赤眼爆发，五也；治中部见血，六也。”黄连虽味苦难咽，但若配伍得当，却效如浮鼓。现就谈一下个人的临床点滴体会。

1. 顽固性失眠 属心火亢盛，心肾不交者

辨证要点

失眠时间较长，夜晚不易入眠，无梦，晨起头脑发胀，伴心烦气躁，口苦咽干，舌质红，苔（簿/厚）黄，脉象不甚重要。

配伍用药

黄连 6g 肉桂 3g 生地 12g 甘草 3g 酸枣仁 12g 川芎 9g 茯苓 15g 茯神 15g 合欢皮 9g 夜交藤 15g 知母 9g 黄柏 9g

典型病例

患者女性，40 岁，白人，会计，以“失眠 12 月余”为主诉来诊所求治。

病史：患者于 12 月前无明显原因失眠，入睡困难，并呈进行性加重，每天睡眠仅 1—3 小时，有时彻夜不眠，伴心烦易怒，间断于 GP 及医院专家求治，诊断不详，服强力镇静及催眠药物治疗（具体药物不详），效果不明显。患者已无法正常工作而来就诊。现症：失眠，精神恍惚，烦躁易怒，神疲乏力，纳可，二便调，舌质红，苔薄黄，脉弦细。

中医诊断：失眠

中医辨证：心火亢盛，心肾不交

治疗：黄连 6g 肉桂 3g 酸枣仁 15g 川芎 9g 茯苓 15g 茯神 9g 知母 9g 黄柏 9g 龙胆草 6g 栀子 6g 合欢皮 9g 鸡血藤 15g

予上方一周后，患者可入眠 5--6 个小时，并自述 12 个月来第一次有梦。以上方加减治疗 2 月余，患者睡眠正常，并返回工作岗位正常工作。

2. 复发性口腔溃疡属脾胃虚寒者

多数医家主张黄连忌用于脾胃虚寒，阳虚作泻者。但对于本型的治疗，若配伍得当，却能起到相辅相成的作用。

辨证要点

口腔溃疡反复发作时间较长，痛甚，溃疡周边不红，伴乏力，便溏。舌苔或黄或白，但水滑，舌质淡，体胖，边有齿痕，脉象不甚重要。

配伍用药

黄连 3g 肉桂 3g 干姜 6g 苍术 9g 厚朴 9g 陈皮 9g 半夏 9g 茯苓 15g 党参 9g 薏苡仁 15g 藿香 9g 佩兰 9g 白术 12g。

典型病例

患者男性，45 岁，经理，以“口腔溃疡 20 余年”为主诉而来求诊。

病史：患者于 20 年前无明显原因出现口腔溃疡，反复发作，少则 3-4 个，多则满口皆是，疼痛明显，甚者不能正常进食和讲话，曾求治于多位专家，与药物治疗后效果不明显。现症：口腔溃疡 20 余个，疼痛明显，溃疡色白，周围不红，伴神疲乏力，便溏，舌质淡，体胖，边有齿痕，舌苔黄腻，但水滑，脉濡缓。

诊断：复发性口腔溃疡

中医辨证：脾胃虚寒，痰湿内停

治疗：黄连 3g 肉桂 3g 陈皮 9g 半夏 9g 茯苓 15g 厚朴 9g 苍术 9g 薏苡仁 15g 炒枳壳 9g 炒白术 9g 干姜 6g 藿香 9g 佩兰 9g 党参 9g

服上方一周后患者自述患者自述溃疡减至 1-2 个，不慎疼痛，给予上方加减治疗 3 月余，溃疡消失，患者自觉身轻气爽，体力增加，临床治愈。

3. 胃酸属肝胃郁热者

辨证要点

胃酸反复发作，伴郁郁寡欢，或胁胀胁痛，情绪波动时加重，舌质红，苔薄黄，脉弦数或弦细。

配伍用药

黄连 6g 吴茱萸 3g 青皮 9g 丹皮 9g 栀子 9g 白芍 9g 泽泻 9g 陈皮 9g 谷芽 15g 海漂肖 12g 瓦楞子 15g

典型病例

患者女性，36 岁，护士。以“泛酸伴间断腹痛半年余”为主诉来诊。

病史：患者于半年前由于家庭矛盾及工作压力渐出现泛酸，剑突下有灼热感，间断腹痛，予胃镜及其他理化检查均无异常发现。随与对症治疗，效果不明显。现症：泛酸，上腹嘈杂，腹痛间作，食后明显，伴烦躁。纳可，二便调，舌边尖红，苔薄黄，脉弦数。

中医诊断：泛酸

中医辨证：气机不和 肝胃郁热

治疗：黄连 6g 青皮 9g 陈皮 9g 丹皮 9g 栀子 9g 吴茱萸 3g 川楝子 6g 延胡索 6g 泽泻 9g 谷芽 15g 竹茹 6g 木香 6g 砂仁 6g

服上方 7 付后患者自觉腹痛消失，泛酸嘈杂及灼热感明显减轻。效不更方，继服上方 14 付，患者诸症消失。予上方去川楝子，延胡索加茯苓以善后。

围针法治疗腱鞘囊肿

刘大荣

Chinese Medicine Centre, 141 Great Western Road, Glasgow G4 9AW.

腱鞘囊肿是较常见之病，但西人多不知其可以针治，故前来求医者不多。十多年前笔者左腕曾患本病，针刺三次即愈。于1998年在英行医时，一位妇女带女儿来治病，偶诉自己右腕有一小肿物，已约了三个月后手术，经用针治疗痊愈(见病例一)。此后，又有多例，屡试不爽。特此报告，供大家参考。

腱鞘囊肿好发于关节，腱鞘附近。常见于腕背，足背部。亦见于腕内侧寸口部，膝关节，踝关节等处。发病原因可能与外伤，机械性刺激，慢性劳损有关。

临床表现：起病缓慢，局部呈圆形隆起，小如花生米，大至葡萄不等。活动时痛加剧，以致有乏力之感。触之如滚珠状，表面光滑，边缘清楚，质软，有波动感。但当滑液体充盈时，质感较硬，且有压疼。病程数月至数年不等。

针刺方法

围针，又称“五虎擒羊”。在囊肿边缘四周斜刺入四针。务必刺够深度，直达囊肿的基底部。在顶部垂直刺入一针，直入囊中。通电20分钟。每周针一到两次。十次为一疗程。

治疗效果

一般二、三周内囊肿变软，渐渐缩小。五到八周囊肿大大缩小，以至消失。若针两个疗程而后无改变，可观察一、两个月后再行治疗。有些病例在观察期间囊肿消

失。

典型病例

病例一：MRS. J. 41岁。

初诊日期：1998.2.12

主诉：右腕内侧肿物已六个月。

检查：肿物位置在右腕寸口部位置，如橄榄核大小。压之微疼。中等硬度，边缘清楚，推之活动。皮色不变，不红不热。

诊断：腱鞘囊肿。

治疗：病人已在医院预约三个月后行囊肿摘除术，欲先试针刺。遂按“五虎擒羊”法行针。每周一次，三次之后，囊肿变软，缩小。八周后，囊肿完全消失。通知医院取消手术。至2008年10月15日追踪观察，无复发。

病例二：MR. A. 24岁

初诊：2004.5.15

主诉：右腕背部肿物二年，曾做手术摘除，复发一年。

检查：左腕背中部有一手术疤痕，其下有小肿物如龙眼核大小，稍硬，推之移动。

诊断：腱鞘囊肿术后复发

治疗：围针法，每周一次。九次之后囊肿变软，变小，外观平坦。停针一个月，囊肿又见增大，变硬。如法再针，七次之后，囊肿消失。2008年5月22日复查，未见复发。

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慢性前列腺炎的辩证论治

窦占江

慢性前列腺炎是前列腺炎中最常见的类型，可分为慢性细菌性前列腺炎和慢性非细菌性前列腺炎。中医无对应的病名，但应属中医学的精浊、尿精、白淫、白浊、淋证等范围。

【诊断依据】

- (1) 症状:尿路刺激症及尿液改变;疼痛症状;性功能异常;神经衰弱症状。
- (2) 体征:肛门指诊前列腺表现不一。
- (3) 化验检查:前列腺液常规和培养。
- (4) B超:前列腺部位有不同程度的密度增高样改变。

慢性细菌性前列腺炎诊断除一般临床症状外，主要应符合以下两点：反复尿路感染；下尿路细菌定位培养阳性，反复培养菌种不变。

(一) 湿热蕴结

多由表邪不解入里化热，或由湿浊邪毒由下窍而入，致湿热蕴结于下焦而成。

辨证要点：

尿频、尿急、排尿时灼热或涩痛；尿道口时有白色粘液分泌物溢出；尿液浑浊或有沉淀。少腹及会阴胀痛；大便干结；小便短赤；口苦而粘。舌红苔黄腻，脉弦滑数。前列腺饱满，肿大，压痛明显，前列腺液按出通畅，前列腺液按出液白细胞明显升高，前列腺液培养多有细菌生长。

治则：清热利湿。

方剂选要：

- (1) 八正散（木通、车前子、滑石、苡麦、扁蓄、栀子、大黄、灯芯、甘草稍）加减。
- (2) 程氏草解分清（草解、黄柏、石菖蒲、茯苓、白术、莲子心、丹参、车前子）加减。

中成药：

- (1) 癃清片（金银花、黄柏、白花蛇舌草、牡丹皮、泽泻等）。
- (2) 龙胆泻肝丸（龙胆草、栀子、黄芩、柴胡、泽泻、车前子、木通、生地、当归、甘草）。
- (3) 分清五淋丸（大黄、黄芩、滑石、猪苓、泽泻、黄柏、扁蓄、栀子、苡麦、知母、车前子、茯苓、甘草）。

针灸：

- (1) 取中极、关元、膀胱俞、阳陵泉，平补平泻，每日1次。
- (2) 取秩边穴，留针30分钟，10分钟行针1次，每日1次，12次为1个疗程。

(二) 下焦瘀阻

多由久病入络，或会阴受伤，或忍精不泄，致瘀血、败精、痰浊闭阻而成。

辨证要点：

以会阴、前阴、小腹、腹股沟及腰骶等部位疼痛不适为主，常以会阴部刺痛明显。小便滴沥涩痛；血尿或血精；眼眶黧黑。舌质紫或暗，有瘀斑，脉涩或弦紧。前列腺质地较硬或有结节，压痛明显，前列腺液按出比较困难。

治则：活血化瘀。

方剂选要：

- (1) 前列腺汤（丹参、泽兰、赤芍、桃仁、红花、乳香、没药、王不留行、青皮、川莲子、小茴香、白芷、败酱草、蒲公英）加減。
- (2) 复元活血汤（柴胡、花粉、当归、炮山甲、桃仁、红花、酒大黄、甘草）加減。

中成药：

- (1) 大黄蛰虫丸（大黄、土鳖虫、水蛭、芒虫、干漆、桃仁、黄芩、生地黄、白芍、甘草）。
- (2) 消炎灵3号（夏枯草、山甲、桃仁、红花、丹参、竹叶、白花蛇舌草、牛膝、浙贝）。
- (3) 七里散（血竭、儿茶、乳香、没药、红花、朱砂、麝香、冰片）。

针灸：

取关元、会阴、气海、足三里、平补平泻、留针30分钟，15次1疗程。

(三) 中气不足

或久病湿滞，或素体脾虚，致中气虚弱，脾失健运，清浊混淆而成。

辨证要点：

尿意不尽，小便浑浊或尿后滴白，劳累后加重；会阴部重迫隐痛，肛指检查后肛门坠胀感可延续数天。神疲乏力；少气懒言；面色少华；纳呆便溏；少腹坠胀。舌淡苔白，脉缓弱或细软。前列腺饱满，前列腺液易按出，且量多，前列腺按出液中白细胞轻度升高，前列腺液按出后顿

感轻松。

治则：补中益气。

方剂选要：

- (1) 补中益气汤（黄芪、白术、人参、当归、陈皮、升麻、柴胡、炙甘草）加减。
- (2) 益气聪明汤（黄芪、人参、升麻、葛根、蔓荆子、白芍药、黄柏、炙甘草）加减。

中成药：

- (1) 补中益气丸（黄芪、白术、人参、当归、陈皮、升麻、柴胡、炙甘草）。
- (2) 参苓白术丸（党参、山药、莲子肉、白术、茯苓、薏苡仁、白扁豆、甘草、砂仁、陈皮、桔梗）。

针灸：

取百会、足三里、关元穴，均用平补平泻，留针 30 分钟。

（四）阴虚火旺

多因恣情纵欲，阴精暗耗，相火妄动而成。

辨证要点：

尿道口时流粘液如丝，尿后滴白，大便干时明显；小便淋漓，灼热灼痛；会阴部坠胀。头晕耳鸣；腰膝酸软；五心烦热；颧红盗汗；失眠多梦；大便干结；阳事易兴；梦遗失精，或肉眼血精。舌红苔少，脉细数。前列腺液很难被按出，前列腺按出液中有红细胞。

治则：滋阴降火。

方剂选要：

- (1) 知柏地黄汤（知母、黄柏、熟地黄、山芋、泽泻、茯苓、丹皮）加减。
- (2) 大补阴丸加减（黄柏、知母、熟地、龟版、猪脊髓）加减。

中成药：

- (1) 知柏地黄丸（知母、黄柏、熟地黄、山芋、泽泻、茯苓、丹皮）。
- (2) 大补阴丸（黄柏、知母、熟地、龟版、猪脊髓）。

针灸：

取关元、会阴、次缪、肾俞、三阴交、平补平泻，留针 30 分钟。

（五）肾气亏虚

多由年高久病，或房室不节，使肾气亏虚，封藏失职，精关不固引起。

辨证要点：

尿末滴白，尿道口时流粘液粘丝；小便余沥不尽、挟精，或大便时从尿道口滴出粘液。性欲减退，或阳痿，或早泄，或遗精；面色白；精神萎靡；腰膝酸冷；畏寒肢冷。舌质淡胖，苔白，脉沉弱。前列腺体松弛，前列腺按出液少，卵磷脂小体明显减少。

治则：温阳益气，补肾固精。

方剂选要：

- (1) 菟丝子丸（菟丝子、沙苑子、生熟地、益智仁、川断、牡蛎、茯苓、山药、车前子、远志）加减。
- (2) 地黄饮子（生地、巴戟天、山芋肉、肉苁蓉、附子、肉桂、石斛、麦冬、五味子、茯苓、菖蒲、远志）加减。
- (3) 桑螵蛸散（桑螵蛸、远志、菖蒲、龙骨、人参、茯神、当归、龟甲）合龟鹿二仙胶（鹿角胶、龟板胶、人参、枸杞子）加减。

中成药：

- (1) 金匱肾气丸（干地黄、山药、山芋、泽泻、茯苓、牡丹皮、附子、肉桂）。
- (2) 金锁固精丸（沙苑蒺藜、芡实、莲须、龙骨、牡蛎、莲子）。
- (3) 右归丸（熟地、鹿角胶、山芋、山药、枸杞子、菟丝子、肉桂、附子、当归、杜仲）。

针灸：

取关元、会阴、次缪、肾俞、命门、足三里，平补平泻，留针 30 分钟，15 次 1 疗程。

【预防保健】

本病常难根治，容易反复发作，故须重视预防保健。

- (1) 合理安排日常生活，适当进行文体活动，增强体质。
- (2) 重视精神情志的调节，保持心情舒畅。
- (3) 宜多饮水，增加尿量，保持大便通畅。
- (4) 不宜饮酒，勿过食辛辣刺激性食物，少饮浓茶、浓咖啡。
- (5) 不宜长时间的骑车、骑马或久坐，防止局部受寒。
- (6) 合并不育症者，禁用热水坐浴。
- (7) 有规律的性生活，避免纵欲和手淫，避免忍精不泄，避免无性高潮期的冲动。
- (8) 积极预防上呼吸道感染和泌尿系统感染等。

分析与评估在英治疗颈椎痛 -----附 74 例病例分析

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[摘要] 颈椎痛是现代社会的常见病痛。在知识人群, 计算机使用人群中尤甚高发。现代社会外伤, 内伤机会, 如撞车, 紧张等, 都使颈椎痛的发病率逐渐增加。在我们十余年英国的临床实践中, 颈椎痛是就诊针灸最多的病种, 约占近两年我们病人的 11%。颈椎近离颅腔, 特别是基底动脉, 生命中枢, 因此一些手法治疗如 Chiropractic, Osteopathy, Physiotherapy, 甚至 Massage 等等, 均难于掌握治疗的力度。手法过重, 会有加重病症, 甚至导致严重并发症的可能; 过于谨慎, 又会使治疗力度不够, 而达不到治疗的效果。而相比之下, 针灸则是比较适当, 安全, 且有效的疗法。尤其 Chinese Acupuncture, 可以综合采用多种技能, 使病患得到最佳的治疗力度, 以获得最佳的治疗效果。

我向自 2002 年 1 月至 2004 年 12 月期间, 看我们的病人中, 患有颈椎痛者, 发出调查问卷, 对回收的 74 例作出分析:

病例: 74 例; 其中: 男 33 例, 女 41 例; 年龄: <30 岁: 4 例; 30-50 岁: 33 例; >50 岁: 37 例; 中老年 70 例: 占 95%。其中发病后, 将 Chinese Acupuncture 作为第一治疗方法者: 5 例, 占 6.7%; 而其它 69 例均已接受西医常规治疗, 或其它补充疗法治疗之后, 才来试中医针灸治疗。而经西医常规治疗, 及其它补充医学治疗的疗效情况, 如下图所示:

图一 68 例颈椎病患者接受西医常规治疗的经历

	短效	无效
抗风湿药	12	56
止痛片	20	48
封闭	5	
Tranqalise	6	
Anti-depression		5

图二 28 例颈椎患者接受其它补充医学治疗的诊治经历

	短效	无效
Chiropractic	4	5
Physiotherapy	12	
Osteopathy		5
Wes Acupuncture		2

注: 西医用抗风湿及止痛药均不是绝对无效, 而是不能真正有力度地控制病症, 故使病患转而再试针灸。

患者的职业构成: 伏案工作者 (公司职员, 会计, 律师, 记者, 医生, 学生等) 45 例, 占 61%; 家庭妇女 12

例, 占 16%; 劳动工作者 (建筑工人, 仓库保管员, 公司保卫等) 17 例, 占 23%。

病种构成: 造成颈痛症主要的病因: Whiplash (Muscular, Ligament Spasm) 14 例, 占 18.9%; Other Injuries 12 例, 占 16.2%; Spondylitis and Spondylosis on neck, 48 例, 64.9%。

图三 74 例导致颈痛患者的病变与病程关系

	<3 周	<1 年	>1 年
Whiplash	5 (35.7%)	5 (35.7%)	4 (28.6%)
Other Neck Injuries	4 (33.0%)	4 (33.3%)	4 (33.3%)
Spondylitiy /Spondylosis	2 (4.2%)	20 (47%)	26 (54.1%)

针灸治疗

1 主穴:

颈夹脊旁穴: 颈椎 1-7, 各椎间隙旁开 1 寸。根据病变部位, 每次用 2-3 对。取一寸针向脊椎二侧 45 度斜行刺入, 不作捻转提插。

百会 (Du 20), 风池 (Gb20), 外关 (Sj 5), 足临泣 (Gb 41)。

2 辅穴:

病在颈椎 2—3: 加玉枕 (Bl 9), 天柱 (Bl 10)

病在颈椎 4—5: 加天鼎 (Li 17), 扶突 (Li 18)

病在颈椎 6—7: 加臂臑 (Li 14), 肩髃 (Li 15)

根据个体兼症还可选用:

眩晕: 治宜镇肝疏风, 加悬厘 (Gb6), 率谷 (Gb8), 医风 (Gb17)

忧郁: 治宜行气开瘀, 加神庭 (Du24), 上星 (Du 23)

偏头痛: 治宜疏肝解郁, 加太阳 (Ext), 阳白 (Gb14)

紧张: 治宜平肝养心, 加太冲 (Liv3), 间使 (Liv2)

疲劳: 治宜健脾补肾, 加三阴交 (Sp6), 照海 (Ki 6)

失眠：治宜清解郁热，加大椎(Du14)，合谷(Li4)等等。

3 加强穴：

三阳络(Sj8)，宗会(Sj7)，支沟(Sj6)，外关(Sj5)

根据压痛敏感点，选以上各穴之一。

辅助治疗：1. 频谱光照——疼痛局部。

2. 中成药：九味羌活丸 加味逍遥丸，九鼎关节丸，川芎茶调丸，王痹冲剂等，根据病症，辨证选用。

治疗结果

病控：临床症状，体征消失 16 例

显著好转：临床症状，体征大大减轻；虽还是有轻度不适，但不坚持治疗亦可以维持正常生活 29 例

好转：临床症状，体征减轻 20 例

无效：临床症状，体征无改变 9 例

加重：临床症状加重 0

疗效：图四 74 例治疗与疗效关系

图四 74 例颈椎病患者接受针灸为主的中医综合治疗的疗效关系

	针灸	针灸与 中成药	针灸与 中草药*	针灸与 外用药**
病情控制	4	12		2
显著疗效	5	22	3	3
好转	2	17	1	1
无效	1	8	0	0
加重	0	0	0	0
总计	12	59	4	6

- 中草药多用于严重病患，而中成药不足以控制者，故一位患者可能早期用中成药，而后该用中草药。
- 外用药亦常与中成药和并应用。

讨论

1 针灸治疗：

颈椎病是患者找寻针灸治疗所常见的病症之一。我们认为：在西方患者可以接受的治疗频率下(不多于 1 次/周)，综合采取中医针灸的多种技能，增强治疗的力度，是治疗取效的关键所在。

1). 局部取穴：根据病变发生的颈椎相应节段，取颈夹脊旁穴。颈夹脊旁穴是指颈椎旁开 1 寸，比常规夹脊穴的旁开 0.5 寸，再旁开 0.5 寸。按照我的经验，如取正常夹脊穴，因局部炎症或小关节紊乱，针刺点过于接近炎症与损伤部位，病人会感到疼痛；或针后有过于剧烈的反映，这是西方患者所难于接受的。而再稍旁开 0.5 寸，则正是位于颈肌的紧张部位。从解剖学的原理解释，松懈局部肌紧张是减缓疼痛的有效疗法。因而，如压痛肿胀点在颈 2-3 椎间，病人以头痛头晕为主症，则穴取 2-3 椎间颈夹脊旁穴；如压痛肿胀点在 6-7 椎间，病人以双臂麻木，双手指蚁行感为主症，则穴取 6-7 椎间颈夹脊旁穴。局部取穴保证给予病灶局部必要的治疗力度，减缓肌肉紧张，改善局部循环是治疗短期见效的重要因素。

2). 辨证取穴：根据全身病症，体质，病发特点辨证取穴：

a. 主穴：每患必取之穴位。

百会(Du20)：督脉为一身阳气之总会，百会为巅顶之穴，为阳中之阳，调气之统帅。我认为无论气滞，气虚，阴虚，血虚，还是虚实夹杂之证，百会都是必选之穴。刺气之统穴，则易解诸经之瘀滞。

外关/足临位：是八脉交会中之一对穴。调一身气之紊乱之症。“痛则不通”，无论病症为阴，阳，气，血何虚；或痰，湿，瘀，风何实，既致痛，则应有滞，故首调紊乱之气机，是保证短期速效的必要手段。

b. 配穴：因人，因证而异的取穴。

当根据对每位患者辨病结合辨证的结果，选择应用。如颈部外伤，辨证为：

风湿阻络，气滞血瘀，当选 风池(Gb20)，曲池(Li11)，肺俞(BL13)，脾俞(BL20)，三阴交(SP6)；如颈椎柱炎发作于更年期，辨证为：肝肾阴虚，虚热夹湿，阻滞脉络，当选肝俞(BL18)，肾俞(BL23)，照海(Ki6)，太溪(Ki3)及太冲(Liv3)等。配穴辅助主穴，则形成对肌体整体不稳定状态的调节机制。这是取得远期疗效的重要步骤；是让病人治疗后，感到全身好转，许多其它伴见病症好转的重要因素，也是中医针灸关键的技术优势所在。

3) 加强穴：

当以上的针法实施完毕，取针之后，让患者全身放松取坐或立位。如立位，患者另一臂最好扶一家具，以保持受强烈的刺激后仍维持身体稳定。持患者痛甚侧手臂，用 1.5 寸针(40cm)直刺。穴取以下穴之其一：三阳络(Sj8)，宗会(Sj7)，支沟(Sj6)，或外关(Sj5)。在针前，应以拇指轻按以上诸穴于尺，挠肌之间。当取每位患者敏感之穴，针刺入一寸左右。做前后上下轻度移动找寻。当刺入敏感点，病人会感到明显的酸胀，甚至疼痛感(应在施针之前，告诉患者此针可能会有较强针感，并适当解释为何要施此针)。适患者体质及耐受力，由轻，中，渐至重度捻转提插此针。

结果：

a. 如以前的局部与辨证取穴确实有效，患处已基本放松，患者对此针的反应则不甚强烈，医者手部针感也比较疏松，因而略施一下即可拔针，并可以充满信心地告诉患者，你一定会大为好转。

b. 如以前的局部及辨证取穴虽有效，但局部组织放松仍不理想；或局部软组织，神经虽已放松，但脊椎间的小关节紊乱，椎间盘脱出，或神经被压迫，坎顿的状况因为慢性炎症仍处于粘连，滞塞的状况而不能解释，这样的结果，针后效果不明显；或痛减很短的时间很快复发；这时患肢远端的外关至三阳络之间的痛点会非常敏感。不仅酸胀，可能还会有较剧的疼痛。我们将针刺入，手下也会有明显的紧张沉重，甚至针被吸住的感觉。此时适患者体质及耐受程度由弱渐强的捻转提插，给予局部间断的较强刺激。同时嘱患者转动颈部，活动双肩和上臂。患者在活动中往往会感到灼紧的颈肌突然松开。颈，枕，肩，上背部的疼痛突然松减了很多；也有患者感到似乎突然颈部疼痛转到了前臂。而当我们拔出此针，加强穴的疼痛会很快消失，且不会遗留后遗症。

c. 如果患者体质比较弱, 对针特别敏感, 或怕针者, 不宜施加强针; 而对慢性病患者, 又已接受过多种其它手法治疗者, 则只有用加强针才会使针灸治疗的力度胜出於其它。

2. 辅助治疗:

针灸为本组患者接受的主要疗法。74 例全部接受针灸治疗。但我们认为针灸, 尤其是在西方适用 1 次/周的治疗频率, 对较轻, 短期病患可能奏效, 而对中长期患者, 中重度病状, 是不足以达到治疗的必要力度的。因而, 要采用必需的辅助治疗。

1) 中药:

74 例中, 只接受针灸治疗者 12 例, 占 16%; 接受中药辅助治疗者 62 例, 占 84%。其中, 接受中成药者 59 例, 占 79%; 中草药者 4 例, 占 5%; 外用者(包括外用膏药, 外擦药油/酒等) 6 例, 占 8%。

注: 接受中草药者, 多为较重, 用中成药亦不足以控制者。接受外用者可与针灸单独配伍, 亦可能与中成药同时应用。

接受中药治疗的意义在于:

- 保持针灸的解除痉挛, 局部放松, 止痛镇静, 整体调整的疗效;
- 清热祛湿, 或疏风散寒, 起到对局部消炎化痰的作用。对深部组织, 关节腔内的炎症的消除可有针灸力不能及的功效;
- 扶正治本。使改善机体的整体不稳定状态, 在加强肌体对针灸治疗的反应性方面有积极意义。

2) 频谱治疗仪:

给予针刺局部热刺激, 以增进局部血液循环, 促进炎症吸收。即可使病人在留针期间感到舒服, 也可增加 Acupuncture 的效果。但要把握照灯的时间, 距离, 特别注意皮肤有过敏史的病人, 防止对其皮肤的灼伤。

3. 与疗效的可比关系

1) 病种与疗效的关系

图五 74 例颈椎病患者疗效与导致颈痛病变的关系

	病情控制	显著疗效	好转	无效
Whiplash	7 (50%)	2 (14%)	2 (14%)	3 (22%)
Other Injuries	6 (50%)	4 (33.4%)	1 (8.3%)	1 (8.3%)
Spondylitis / Spondylosis	8 (16.7%)	22 (45.8%)	12 (25%)	6 (12.5%)

2) 病程与疗效的关系

图六 74 例颈椎病患者病程与疗效关系

	病情控制	显著疗效	好转	无效
急性 <3 周	6 (75%)	1 (12.5%)		1 (12.5%)
亚急性 <3 年	5 (14.7%)	15 (44.1%)	9 (26.5%)	5 (14.7%)
慢性 >3 年	5 (15.6%)	14 (43.8%)	10 (31.3%)	3 (9.3%)
总计	16	29	20	9

3) 就诊次数与疗效的关系

图七 74 例颈椎病患者就诊次数与疗效关系

	病情控制	显著疗效	好转	无效
1-3 次	5 (17.9%)	5 (17.9%)	10 (35.7%)	8 (28.5%)
4-10 次	7 (25%)	14 (50%)	6 (21.4%)	1 (3.6%)
>10 次	4 (22.2%)	10 (55.6%)	4 (22.2%)	0
总计	16	29	20	9

4) 发病与疗效的关系

图八 74 例颈椎痛初发/复发与疗效的关系

	病情控制	显著疗效	好转	无效
初发	10 (31.2%)	11 (34.4%)	6 (18.8%)	5 (15.6%)
复发	6 (14.3%)	18 (42.9%)	14 (33.3%)	4 (9.5%)
总计	16	29	20	9

结论

针灸是治疗以颈痛为主的多种病变有效而安全的治疗方法。因西方针灸治疗多在国家医疗体系之外的私人诊所治疗, 要顾及多数患者的经济承受能力, 因而治疗要在每周不超过一次的频率下进行。因此要采用中医针灸的多种技能综合应用以达到治疗期间的最佳治疗效果; 同时要适病情加用中药以保持必要的疗效。

从与针灸治疗的疗效关系的可能性分析:

1 病种与疗效: Whiplash, Injury 导致颈痛, 病控比较好, 可达 50%左右; 而对 Spondylitis/Spondylosis 则是显效与有效率较好。

2. 病程与疗效: 短程病患的病控率可达 75%。而中长期病患的病控率明显下降, 而显效与好转率则比较高。

3. 就诊次数与疗效: 在三次以下就诊的病患中, 病控, 显效, 好转呈均匀分布, 无效率较高。也就是说 Acupuncture 如果不能在短期内取得速效, 病患没有信心坚持治疗, 故无效率较高; 而在四次以上, 尤其达十次以上的就诊者中, 显效率明显增加, 而无效率明显下降至 0。故有效是病人坚持接受治疗最重要的原因。

4. 发病率与疗效的关系: 初发者显然病控率较高, 而复发者则显/有效率明显增加。

由此可见针灸适合于急性, 亚急性, 慢性各种病症阶段, 而对炎症性病症更为适合。

典型病例

1. 慢性颈椎痛急性发作

女士 59 医生: 反复发作的颈痛七年。近期痛发一周, 多次经按摩治疗, 常使痛加剧。近日时常伏案写作。一周前突感颈痛复发, 同引左肩, 上背部。颈部, 上背部, 左肩均活动受限。因颈痛而难于平躺, 每日不得不斜倚在靠椅上, 因疼痛而焦虑, 烦躁, 眠不安。规律服用抗

风湿药一周，疼痛似稍减缓，但仍痛且明显活动障碍。关节僵痛，滞塞，故求治。

查：颈双侧肌紧张，颈椎 3，6，7 处压痛肿胀。颈部活动受限，尤以左倾为难；左肩上抬，前后伸均困难。舌淡红薄白，脉玄。

治疗：百会（Du 20），风池（Gb20），颈夹脊旁穴 3，6，7，外关（Sj5），足临泣（Gb41），照海（K6），肩隅（L1 15），臂臑（L1 14）。留针 20 分钟，拔针后取左臂，在前臂尺挠之间寻得痛点为宗会（Sj6）。由轻渐重行针，并嘱其活动颈部。行针，活动间断进行约 5 分钟。拔针后，其感颈部，肩部疼痛大减，可以自主活动。嘱坚持颈部旋转伸展活动。一周来继续恢复，一周后疼痛全部消失，且颈肩活动自如。

2. 慢性劳损性颈椎病

男 52 公司经理：发作性颈痛十余年，持续性颈痛二年余，已经 X 光诊为 C4-5 骨关节炎。常年伏案工作，渐感颈部时时钝痛。二年前曾于驾车时被人追尾相撞。当时并无明

显不适，但自此之后颈痛发作渐多，渐频，且时感上背部酸困，左臂麻木，手蚁行感。近年来颈部持痛不解，时而较剧发作，引头顶，枕部疼痛。常年服抗风湿药，止痛片使胃中不适而停药。曾接受 Chiropractic, Physiotherapy, Osteopathy 各种治疗，均不能根本改善颈痛，故试针灸。近日工作繁忙紧张而使眠差，头痛。

检查：自颈 2-7 均有轻度压痛，其中颈 4，颈 5 明显肿胀，舌淡红苔薄白，脉玄。

治疗：针灸：百会（Du 20），风池（Gb20），颈夹脊旁穴 C4-6，肝腧（B1 18），外关（Sj5），足临泣（Gb41），太冲（Liv3）。辅以九味羌活丸，加味逍遥丸，各 15 pills 一日二次。初次针后，给予加强穴三阳络（Sj8）。针后即感颈部松弛，但仍有活动障碍。经治每周一次 5 次治疗疼痛全消，但时而过度伸展或不当地位均可使痛发。但针后可逝，又继每二周一次 5 次治疗后颈痛，颈椎局部肿胀，压痛亦全部消失。

Analysis and Evaluation on Acupuncture Treatment of Cervical Pains in the UK ---A Study of 74 Cases

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Abstract Cervicodynia, or cervical pain or neck pain, is a common condition in modern societies. There are particularly higher occurrences in white collar workers who use the computer for their work. Modern societies' internal and external injuries, such as car accidents and stress, increase the morbidity of cervical pain. As it is effective and safe, acupuncture has become one of the most used treatment method in the western world. 11% of the total number of patients seen recently in the clinic is neck pain patients. Within the acceptable treatment frequency, a combination of a variety of acupuncture techniques was used: selection of acupoints according to syndrome differentiation; local selection of acupoints and one needle technique were used. When necessary, Chinese herbal medicines were used as assistance to reach an appropriate treatment level and the best results. From the feedback of 74 questionnaires of the patients who received the treatment, this report aims to evaluate objectively the results and the safety of acupuncture treatment to cervical pain. Of the 74 cases, 68 (91%) had routine orthodox medicine treatments and the results were negative. 18 cases (24%) had other complementary treatments and the results were negative. In contrast, acupuncture treatments had better results. 16 cases (22%) had the pain under total control, 29 cases (39%) much better, 20 cases (27%) better, 9 cases (12%) no change and no case was worse. The total effective rate was 88%. These results confirm that acupuncture is a safe and effective treatment for cervical pain. Using a combination of traditional Chinese acupuncture techniques to reach an appropriate treatment level is a key element in obtaining these results.

Introduction

Cervicodynia, or cervical pain or neck pain, is a common condition in modern societies. There are particularly higher occurrences in white collar workers who use the computer for their work. Modern societies' internal and external injuries, such as car accidents and stress, increase the morbidity of cervical pain. In the last

10 years of practice in the UK, neck pain was the most prevalent condition treated and it accounted for 11% of the total number of our patients.

The cervical vertebrae are close to the cranial cavity, particular the basilar artery and the vital centre. Therefore, some manipulation therapies, such as chiropractic, osteopathy, physiotherapy and massage, can be very difficult in giving appropriate level of treatments. If the

manipulation is too strong, it may make the condition worse, or even causing serious complications. If the manipulation is too light, the level of treatment may not be reached and the results will not be satisfactory. In contrast, acupuncture treatments may be more appropriate. It is safe and effective. Chinese acupuncture, which uses a combination of a variety of techniques, can achieve the best treatment level and the best possible results.

From January 2002 to December 2004, questionnaires were sent to patients with cervical pain and 74 were returned and analysed.

Cases

Total: 74

Sex: Male 33, Female 41

Age: <30 years 4, 30-50 33, >50 37, Middles to old age 70 (95%).

Occupation: Office worker (company clerk, accountant, lawyer, journalist, doctor and student) 45 (61%), housewife 12 (16%), manual worker (builder, warehouse keeper, security guard) 17 (23%).

Main causes of cervical pain: Whiplash (Muscular and ligament spasm) 14 (18.9%); Other injuries 12 (16.2%), Spondylitis and spondylosis 48 (64.9%).

Since the onset, only 5 case used Chinese acupuncture as their first choice of treatment (6.7%). 69 cases had received routine orthodox treatments or other complementary treatment before using Chinese acupuncture. The following table show the results of routine orthodox treatments and other complementary treatments.

Table 1. 68 cases who had received routine orthodox treatments

	Effective for a short time	No effect
Anti-rheumatics	12	56
Anti-inflammatory tablets	20	48
Blocking injection	5	
Tranquilisers	6	
Anti-depressants		5

Table 2. 28 cases who had received complementary treatments other than Chinese acupuncture

	Effective for a short time	No effect
Chiropractic	4	5

Physiotherapy	12
Osteopathy	5
Wes Acupuncture	2

Note: using anti-rheumatics and Anti-inflammatory tablets are not completely without effects. It is in reality can not control the condition and the patients turn to acupuncture.

Table 3. The relationship between the causes and the length of cervical pain

	<3 weeks	< 1 year	> 1 year
Whiplash	5 (35.7%)	5 (35.7%)	4 28.6%)
Other Neck Injuries	4 (33.0%)	4 (33.3%)	4 33.3%)
Spondylitiy /Spondylosis	2 (4.2%)	20 (47%)	26 54.1%)

Note: some patients had 2 or more of the above conditions

Treatments

Acupuncture

1. Main acupoints

Neck Jiaji Pang Points: cervical vertebrae 1-7, 1 cun from the middle of the inter-vertebral gap. Use 2-3 pairs each time according to the location of the cervical pain. Use 1 cun needles and direct them 45° obliquely towards the vertebrae. Do not manipulate by lifting, thrusting or twisting.

Bai Hui (DU20), Feng Chi (GB20), Wai Guan (SJ5) and Zu Lin Qi (GB41)

2. Assisting Acupoints

Cervical vertebrae 2-3: Yu Zhen (BL9), Tian Zhu (BL10)

Cervical vertebrae 4-5: Tian Ding (LI 17), Fu Tu (LI 18)

Cervical vertebrae 6-7: Bi Nao (LI 14), Jian Yu (LI 15)

The following assisting points can be chosen according to individual accompanying symptoms:

Dizziness: calming the liver to expel wind. Xuan Li (GB6), Shuai Gu (GB8) Yi Feng (SJ17)

Depression: activate qi to clear depression. Shen Ting (DU 24), Shang Xing (DU 23)

Migraine: sooth the liver and relieve depression. Tai Yang (EX-HN5), Yang Bai (GB14)

Nervousness: calm the liver and nourish the heart. Tai Chong (LR 3), Jian Shi (PC 5)

Fatigue: strengthen the spleen and nourish the kidney. San Yin Jiao (SP 6) Zhao Hai (KI 6)

Insomnia: clear away and relieve stagnated heat. Da Zhui (DU 14), He Gu (LI 4)

3. Strengthening Acupoints

San Yang Luo (SJ 8), Hui Zong (SJ 7), Zhi Gou (SJ 6), Wai Guan (SJ 5). Select one of the above points

according to sensitive tender points.

Assisting Treatments

1. Frequency spectrum lamp
2. Chinese patent medicine: Jiu Wei Qiang Huo Wan, Jia Wei Xiao Yao Wan, Jiu Ding Guan Jie Wan, Chuan Xiong Cha Tiao Wan, Wang Bi Chong Ji.

Choose the above formula according to the individual's conditions.

Results

1. Total control: all clinical symptoms and signs cleared 16 cases
2. Much better: all clinical symptoms and signs much improved. There is still slight discomfort, but still able to maintain normal life even without further treatments 29 cases
3. Better: all clinical symptoms and signs improved 20 cases
4. No changes: clinical symptoms and signs not changed. 9 cases
5. Worse: clinical symptoms and signs worse 0 cases

Table 4. The relationship between results and Chinese acupuncture treatment methods

	Acupunc- ture	Acupunc- ture and patent herbs	Acupunc- ture and loose herbs	Acupunc- ture and external herbs
Total control	4	12		2
Much Better	5	22	3	3
Better	2	17	1	1
No changes	1	8	0	0
Worse	0	0	0	0
Total	12	59	4	6

Notes: 1. Loose Chinese herbs are used in severe cases only when patent herbs and acupuncture combination can not control the condition. A patient can have used patent herbs earlier and later uses loose herbs. 2. External herbs usually are used in combination with patent herbs.

Discussion

1. Acupuncture treatment

Cervicodynia is one of the common conditions for patients to seek acupuncture treatment. In the West, the patient can accept a treatment frequency of less than one treatment per week. Using a combination of traditional Chinese acupuncture techniques to reach an appropriate

treatment level is a key element in achieving good results.

1). Local acupoints.

Select Jiaji Pang points along the cervical spine according to the diseased vertebrae. Jiaji Pang points are the points 1 cun away from the middles of the back midline. They are 0.5 cun outside of the normal Jiaji points, which are 0.5 cun away from the back midline. From experiences, patients will feel very painful or severe reactions after treatments if Jiaji points are used normal, since the acupoints are close to the inflammation and the injured locations in cases of local inflammation and facet joint syndromes. This is unacceptable to many Western patients. The points that are 0.5 cun outside of the Jiaji points are exactly located in the tense neck muscles. From the anatomical point of view, this explains the reason that relaxing the local muscular strain will effectively relieve pain. Therefore, if the patient has pain between C2 and C3, with headache and dizziness, C2 and C3 Jiaji Pang points will be selected. If the patient has pain between C6 and C7, with pins and needles in the arms and formication in the hands, C6 and C7 Jiaji Pang points will be selected. These local points ensure that local diseased foci are treated properly to an appropriate level; muscles are relaxed, local circulation improved. All these are important factors for achieving good effect in a short time.

2). Points selected according to syndrome differentiation (Bian Zheng points): points are selected after considering the whole body's diseases, the patient's constitution and special characteristic of the individual case.

a. Main acupoints: all patients will have these points

Bai Hui (DU 20): the Du channel is the collection of the whole body's yang qi. Bai Hui is the point on the top, the yang of all yangs and the commander of all qi regulations. No matter whether it is qi stagnation, qi deficiency, yin deficiency, blood deficiency or a mixture of deficiency and excess, Bai Hui must be selected. Needling the point which commands all the qi will make it easier to relieve all other channels stagnation.

Wai Guan (SJ 5) and Zu Lin Qi (GB41): these two are a pair of the eight extra-ordinary points. They regulate the body's qi disturbance. There is pain because of blockages. No matter whether this case is yin, yang, qi and blood deficiency, or phlegm, dampness, stagnation or wind in excess, if there is pain, there must be blockages. Therefore, the first treatment is to regulate the disturbed qi. This is a necessary means to achieve good and instantaneously effects.

b. Assisting acupoints: selected according to individual conditions

Differentiate the diseases and the syndromes of individual patients and then select these points. For example, if it is an external injury to the neck, and the differentiation result is wind and dampness blocking the channels with qi and blood stasis, then Feng Chi (GB20), Qu Chi (LI 11), Fei Shu (BL13), Pi Shu (BL20) and San Yin Jiao (SP 6) will be selected;

If it is cervical Spondylitis in the menopausal period, and the differentiation is liver and kidney yin deficiency, empty heat mixed with dampness blocking the channels, the Gan Shu (BL18), Shen Shu (BL23), Zhao Hai (KI 6), Tai Xi (KI 3 and Tai Chong (Liv 3) are used.

The assistant points assist the main points to form a regulatory mechanism for the whole body and regulate the unstable situation. This is an important step in achieving long term effects. After treatment, the patients feel better in the whole body. Many other accompanying symptoms are also better. This is the key technical advantage of Chinese acupuncture.

3) Strengthening acupoints

After the above treatment finishes and all needles are removed, ask the patient to relax and take a sitting or standing position. When standing, the patient must hold on to the couch to steady the body when receiving a strong stimulation. Hold the patient's arm on the pain side. Use a 1.5 cun (40 mm) needle and insert it perpendicularly to one of the following acupoints: San Yan Luo (SJ 8), Hui Zong (SJ7), Zhi Gou (SJ 6) or Wai Guan (SJ 5). Before needling, thumb these points between the ulna and the radius and slide the thumb up and down to find and select the most sensitive point. The depth of the insertion is 1 cun. When the needle is inserted to the sensitive point, the patient will feel a marked achy feeling or even a pain (before needle, explain to the patient that he/she will feel a stronger needling sensation and the reason why this method is used). According to the patient's constitution and tolerance level, manipulate the needle by twisting and lifting and thrusting from slight manipulation to medium and strong manipulation.

Results:

a. If the local points and the Bian Zheng points are effective, and the affected area is relaxed, the patient's reaction to this needling should not be too strong, and the acupuncturist will also feel the needling sensation is quite loose. Therefore, it is only necessary to needle this point briefly. The patient can be told that the pain will be much better.

b. If the local points and the Bian Zheng points are effective, but the affected area is not relaxed, or the local soft tissues and nerves are relaxed but the facet joints syndrome, the disc protrusion, the compressed and incarcerated nerves are not released due to chronic inflammation, adhesion and stagnation, the effect of needling will not be very noticeable. Sometimes the pain relief is very short and pain comes back very soon. In these situations, the points between Wai Guan (SJ5) to San Yang Luo (SJ8) will be very sensitive. It will feel achy and possibly quite a strong pain. When needling, the acupuncturist will feel noticeable heaviness and tightness in the needle, or even feeling the needle being "sucked in". At this time, according to the patient's constitution and tolerance level, manipulate the needle by twisting and lifting and thrusting from slight manipulation to medium and strong manipulation, and give the point an intermittent but strong stimulation. At the same time, ask

the patient to turn the neck from side to side and move the shoulders and the upper arms. The patient will feel the tight neck muscles suddenly relaxing, the neck, the occiput, the shoulders and the upper back also suddenly relaxed. Some patients feel the neck pain transfers to the forearm. After removing the needle in the forearm, the pain at this strengthening point will disappear and no after pain will remain.

c. It is not suitable applying strengthening needling if the patient's constitution is weak, or be sensitive to needles or has a phobia for needles. For chronic cases, who had received many other treatments, only using strengthening needling can one achieves better results than other treatments.

2. Assisting Treatments

Chinese acupuncture is the main treatment for these 74 patients. All 74 cases received acupuncture treatment. However, acupuncture treatment alone, particularly for these western patients who can only have one treatment per week, can just be effective from the minor or short term cases. For the medium and long term cases with medium to severe symptoms, the treatment will not be effective as it is not potent enough. Therefore, assisting treatments will be necessary.

1) Chinese herbal medicine (CHM)

Of the 74 cases, Acupuncture only 12 cases (16%)

Assisted with CHM 62 cases (84%) Assisted with patent herbs 59 cases (79%) Assisted with loose CHM 4 cases (5%) Assisted with external herbs (pastes, oils and lotions) 6 cases (8%)

Note: Loose Chinese herbs are mostly used in severe cases only when patent herbs and acupuncture combination can not control the condition. External herbs usually are used in combination with acupuncture and patent herbs.

Results

The significance of receiving CHM treatment are:

- Maintain the effects of acupuncture in relieving spasm, local relaxation, stopping pain, calming and regulation of the whole body
- Clear away heat and dampness or remove wind away and ease pain. They can make an anti-inflammatory effect and stasis dissipate. For inflammations in deeper tissues and joints, CHM is better in clearing inflammation than acupuncture alone
- Treat the root and strengthen the vital qi, improve the unstable state of the body. This can be positive in helping enhance the responses to acupuncture

2) Frequency spectrum lamp treatment

Heat stimulation at the local acupuncture area can improve local blood circulation and enhance the absorption of inflammation. It can not only make the patient feel comfortable during retaining the needles, but also enhance the effects of acupuncture. However, the time and distance must be kept properly, particularly

those patients with sensitive skins, to prevent burns to the skin.

3. Relationship between treatments and results

1) Causes of neck pain and treatment results

Table 5. Relationship between causes of neck pain and treatment results

	Total Control	Much Better	Better	No Change
Whiplash	7 (50%)	2 (14%)	2 (14%)	3 (22%)
Other Injuries	6 (50%)	4 (33.4%)	1 (8.3%)	1 (8.3%)
Spondylitis /Sondylosis	8 (16.7%)	22 (45.8%)	12 (25%)	6 (12.5%)

2) History of neck pain and treatment results

Table 6. Relationship between length of neck pain and treatment results

	Total Control	Much Better	Better	No Change
Acute (<3weeks)	6 (75%)	1 (12.5%)		1 (12.5%)
Subacute (<3 years)	5 (14.7%)	15 (44.1%)	9 (26.5%)	5 (14.7%)
Chronic (>3years)	5 (15.6%)	14 (43.8%)	10 (31.3%)	3 (9.3%)
Total cases	16	29	20	9

3) Number of treatments and results

Table 7. Relationship between number of treatments and treatment results

	Total Control	Much Better	Better	No Change
1-3 times	5 (17.9%)	5 (17.9%)	10 (35.7%)	8(28.5%)
4-10 times	7 (25%)	14 (50%)	6 (21.4%)	1 (3.6%)
>10 times	4 (22.2%)	10 (55.6%)	4 (22.2%)	0
Total	16	29	20	9

4) Onset and results

Table 8. Relationship between onset and treatment results

	Total Control	Much Better	Better	No Change
First time	10 (31.2%)	11 (34.4%)	6 (18.8%)	5 (15.6%)
Recurrent	6 (14.3%)	18 (42.9%)	14 (33.3%)	4 (9.5%)
Total	16	29	20	9

When analysing the relationship between Chinese

acupuncture and the treatment results mention above, it is possible that

1. In terms of the causes and the results, neck pain caused by whiplash and injuries can be controlled completely in 50% of the cases. Most neck pain caused by spondylitis and spondylosis are much better or better.

2. In terms of the length of the condition and the results, 75% short-term cases can be controlled, whereas the control rate of the longer-term cases is much lower, although the much better and better cases are relatively higher.

3. In terms of the numbers of treatments and results, in cases that had less than 3 treatments, control, much better and better are evenly spread and the no change rate is high. This indicates that if Chinese acupuncture does not give a quick result, the patients will not have confidence in continuing the treatments. Therefore, the no changes rate is high. In cases that had more than 4 treatments, particularly those had more than 10 times, the much better rate is evidently increased, and the no changes rate is reduced to 0. Therefore, the most important factor to get better is to continue to have treatments for a long time.

4. Onset and results: first time onset have an obviously high control rate, whereas the recurrent cases have a high rate in much better and better cases.

Conclusions

Chinese acupuncture treatment is an effective and safe treatment method for treating Cervicodynia. Acupuncture treatments are mostly used in private clinics outside the national medical systems in the West, patients' affordability must be considered. Therefore, no more than once per week would be appropriate. In treatment, a combination of a number of Chinese acupuncture techniques should be used to achieve the best results during the treatment periods. Meanwhile, according to the individual conditions, adding Chinese herbal medicine may be necessary to achieve these best results.

Chinese acupuncture treatments are suitable for acute, subacute and chronic neck pain, and it is particularly effective for inflammation cases.

Typical Cases

1. Acute attack of a chronic neck pain

Female, 59 years old, doctor

Neck pain on and off for 7 years. Acute attack for 1 week. Been to have massage for a few times, but it makes the pain worse. In recent days, she has been writing in front of a desk. A week ago, the pain suddenly become acute in the neck, which radiates to the left shoulder and the upper back. Movements of the neck, upper back and left shoulder are restricted. Because of the pain, it is very hard for her to lie flat on the back and she must lean on a chair. She is agitated and unable to sleep due to the pain. She has routinely taken anti-rheumatics for a week and the pain seems to be slight better, but it is still very painful and movements are restricted. The joints are stiff.

On examination, the neck muscles on both sides are tense. There are evident tenderness and swelling in the area of the 3rd, 6th and 7 cervical vertebrae. Neck movements are restricted, particularly the left side. Left shoulder movements are restricted. Pink tongue with thin, white coating, wiry pulse.

Treatments:

Bai Hui (Du 20), Feng Chi (GB20), Neck Jiaji pang points 3, 6 and 7, Wai Guan (SJ 5), Zhu Lin Qi (GB41), Zhao Hai (KI 6), Jian Yu (LI 15), Bi Nao (LI 14).

Needles are retained for 20 minutes.

After removing all the needles, select a point in the left forearm. It was found that the pressure pain point is on Hui Zong (SJ 7) between the ulna and the radius. Twisting, lifting and thrusting the needle from slight manipulation to strong manipulation, and ask the patient to move her neck. Alternation the needling manipulation and the neck movements for 5 minutes.

After removing the needle, the patient felt the pain in the neck and the left shoulder was much better and she could move autonomously. She was then told to move her neck by extension, bending and turning. One week later, the patient came back to report that all pain has disappeared and the neck and the shoulder moved freely.

2. Chronic neck pain caused by wear and tear

Male, 53 years old, company manager

Neck pain on and off for more than 10 years, and constant neck pain for more than 2 years. X-ray diagnosed as C4-5 osteoarthritis. Work in front of a desk all year long. The neck pain and ache was getting worse gradually. 2 years ago, his car was hit from behind by another car when he was driving. There was not pain at the time, but since then there have been more neck pain attacks and they comes more frequently. Upper back is also achy and tired. Left arm is numb and there is formication. In recently years, neck pain is constant and sometimes it can be very severe and radiating to the top of the head and the occiput. He is on anti-rheumatics all year round, but pain killers make the stomach very uncomfortable and he has to stop them. He has received chiropractic, osteopathy and physiotherapy treatments,

but there has been no substantial improvement. Therefore, he decided to have acupuncture. In recent days, he has headache and bad sleep due to very busy work.

On examination, there are tenderness from C2 to C7, and swelling in C4 and C5. Pink tongue with thin, white coating, wiry pulse.

Treatments:

Bai Hui (Du 20), Feng Chi (GB20), Neck Jiaji pang points 4,5, and 6, Gan Shu (BL18), Wai Guan (SJ 5), Zhu Lin Qi (GB41), Tai Chong (LR3)

Qiu Wei Qiang Huo Wan 15 pills twice per day

Jia Wei Xiao Yao Wan 15 pills twice per day

After first acupuncture, used San Yang Luo (SJ 8) to strengthen the effects. After this treatment, the patient felt the neck was much looser, but the movements were still restricted. After 5 treatments over 5 weeks, all pain disappeared, but there was still pain attacks when over extending or in an improper position. These pains can be cleared after acupuncture. Following up for 5 more treatments on once every fortnight interval, the neck's swelling and tenderness was completely cleared.

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颈椎病的临床诊断和夹脊电针治疗

聂卉 针灸学博士

摘要 颈椎病是一种临床常见病, 在英国的大部分中医诊所内约占临床就诊率 30%。它时时困扰着病人的工作及生活, 是一种难以自愈的疾病。本文主要讲述颈椎病的西医诊断分型和颈椎夹脊电针的临床应用。作者认为, 颈椎夹脊电针治疗颈椎病疗效确切, 是临床治疗手段当中一种首选的治疗方法, 值得推广。并且颈椎病的预后和疗程与颈椎病西医诊断分型密切相关。

1. 病名

颈椎病又称颈椎综合征，是由于颈椎间盘膨出或萎缩；或椎间隙变窄；或小关节紊乱，或颈椎增生后引起的炎症，刺激并压迫颈神经根，颈部脊髓，椎动脉或交感神经而引起的综合征候群。

2. 颈部解剖

2.1 肌肉

颈部有胸锁乳突肌，及前，中，后斜角肌。项部有斜方肌，肩胛提肌和菱形肌。

2.2 血管

颈总动脉——走行于颈前皮内浅层肌群。

椎动脉——走行于颈椎横突孔内。

2.3 神经

[颈丛] 由颈 1 至颈 4 神经前支组成，颈丛支配颈肌和项肌。

颈 1, 2 神经参与颈舌肌支配。

颈 1—颈 4 神经交通支参与迷走神经。

颈 2 神经参与枕大神经和枕小神经。

颈 2, 3, 4 神经参与胸锁乳突肌，斜方肌。

颈 4 神经支配膈肌（与呃逆相关）。

[臂丛] 由 5, 6, 7, 8 颈神经前支及第 1 胸神经前支大部分组成。

[尺神经] 由颈 7—8 及胸 1 神经组成，分布于上肢尺侧缘，小指和无名指。

[桡神经] 由颈 6—8 神经组成，分布于上肢桡侧缘，大拇指和食指。

2.4 椎体

颈椎由 7 个椎体组成颈 1（环椎），颈 2（枢椎）和 3, 4, 5, 6, 7 颈椎。颈神经发出都从椎体上缘发出，胸和腰神经都从椎体下缘发出。因此，7 个颈椎——8 对颈神经。环椎和枢椎之间没有间盘，因此 7 个颈椎 6 个间盘。

3. 颈椎病临床分型（西医）

• 项型

常见颈椎病的早期病变，主要由于颈椎轻度增生出现长期项部不适感或项部僵硬，不伴随肩，臂放射痛和手指麻木。此型临床最常见。

• 神经根型

是由于退变增生或紊乱的椎间小关节刺激或压迫神经根出现颈肩痛或枕部痛，或见颈部僵硬，活动受限，一侧或两侧肩，臂放射痛，伴手手指麻木，或肩胛内缘，肩胛区或肩部可有反射性痛和继发性压痛点，叩顶试验阳性，或臂丛牵拉试验阳性。

• 椎动脉型

是由于颈椎退变增生，使椎动脉扭曲，痉挛或受压，引起椎动脉供血不足所致颈项枕痛，头晕（位置性眩晕），噁心。上述症状常因头颈转动而诱发加重。

• 交感神经型

是由于交感神经受刺激而出现枕部痛，偏头痛，头晕（不是位置性眩晕），心慌，焦虑。个别人咽部异物感，或上部胸前区痛。

• 脊髓型

椎体后缘增生，膨出的椎间盘和后纵韧带或肥厚的黄韧带突入椎管，压迫脊髓和神经根椎管内部分所致。早期有神经根型颈椎病，后期可见上肢或下肢，一侧或两侧麻木，疲软无力，甚者可表现为不同程度的不全痉挛性瘫痪，如活动不便，步态笨拙。此型多见于老年人，。

• 混合型

同时表现上述两型及两型以上的病变和症状。颈部 X 线片或颈椎核磁共振显示：颈椎生理前凸消失或反向，颈椎侧弯，椎间隙变窄，椎间小关节边缘硬化等。

4. 颈椎病临床分型和治疗（中医）

• 风痰痹阻型

颈或肩强直疼痛，或手臂酸痛，麻木，舌淡苔白，脉浮弦。（项型或神经根型早期），桂枝加葛根汤。

• 瘀阻经络型

头颈肩麻木疼痛，刺痛为主，夜间加重，病程长。舌质暗淡，脉弦紧。（神经根型后期），身痛逐瘀汤。

• 肝风痰浊型

眩晕头痛，恶心呕吐，或伴颈肩痛，舌淡苔白，脉弦（椎动脉型），温胆汤合天麻钩藤饮。

• 肝肾阴虚型

头晕耳鸣，失眠，或颈肩胀痛，舌红苔薄黄，脉沉弦。（交感神经型），左归饮和壮骨关节丸。

5. 鉴别诊断

• 落枕

多因睡眠时枕头高低不适或姿势不当，使一侧项肌群在较长时间内处于过度紧张状态；或睡眠时颈肩部当风受凉，该部肌肉发生痉挛，肌纤维炎所致，病程短，可自愈。

• 癌症颈椎骨转移

由于颈椎椎体癌性破坏性损伤所引起的颈部不适感，或痛，或伴上肢麻木。

• 风湿性脊柱关节炎及肌筋膜炎

• 风湿性和类风湿性关节炎

6. 针灸治疗

主穴	颈部夹脊穴（颈 4，5，6，7 夹脊穴），风池穴
项型，神经根型和脊髓型	颈 5，6，7 夹脊穴
椎动脉型和交感神经型	颈 4，5，6 夹脊穴
配穴	支正，昆仑
项型，神经根型	肩中俞，肩外俞，肩井，膈俞，肩髃，曲垣，秉风，臂臑，曲池，支正，外关，合谷，八邪
椎动脉型	百会，四神聪
交感神经型	百会，四神聪，率谷，太阳，神门
脊髓型	上肢：肩髃，臂臑，曲池，手三里，外关，合谷，八邪 下肢：环跳，风市，伏兔，阳陵泉，风隆，承山，昆仑

操作方法：

夹脊穴 一般取病变相应节段的夹脊穴一对或 2 对，左右正负极相连接，通电时间 15—25 分钟，波幅以疏波为宜，一般刺激强度以肌肉轻度收缩为主。毫针采用 0.22mm × 25mm，直刺深度约 20mm，针尖略向脊柱内侧。

风池穴 毫针采用 0.22mm × 25mm，针刺方向同侧外鼻孔，直刺深度约 20mm，轻度泻法。

其它腧穴 常规应用即可。

留针 25—35 分钟

疗程：一般病人需要 10 次至 20 次治疗。

急性期 隔日 1 次或每周 3—4 次。

缓解期 1 周 2 次；巩固期，1 周 1 次；预防治疗，1 个月 1 次。

7. 临床探讨

7.1 西医诊断分型与针灸和预后的关系

从临床实践体会到，西医诊断分型与针灸治疗和临床预后有着密切的相关性。项型和神经根型颈椎病是临床最常见的颈椎病，起病缓慢，发病率高，经过颈椎夹脊电针的治疗，使它的临床治愈率近乎百分之百，并且长期疗效稳定，但个别病例可能疗程较长。其次，椎动脉型和交感神经型也是较常见疾病，临床针灸治愈也能接近百分之百。最后关于脊髓型是难以达到针灸临床治愈，经过针灸治疗仅能达到临床有效，而不能治愈，严重者可能是手术的适应症。

7.2 颈椎夹脊电针的机理探讨

颈椎夹脊电针是大约 1985 年开始（24 年前）由黑龙江中医药大学附属针推学院科研小组经过长期临床实践，摸索，总结研究出的一个有效的治疗方法。颈椎病是颈椎的退行性病变，是颈椎劳损，增生，肥厚或小关节紊乱，或间盘萎缩退变或膨出导致神经受压，血液循环减弱，而引起一组临床综合征。那么夹脊电针可以直接作用局部受损部位，改善血液循环，减少神经水肿受压，尤其电针所产

生电波持续性刺激可明显减轻骨质增生，增加骨质新陈代谢，有抗间盘萎缩和膨出，抗骨质增生的作用。经过 20 年的临床实践，颈椎夹脊电针疗效确切，值得推广。

对于颈椎术后患者或癌病颈椎骨转移者慎用电针，如颈椎内没有嵌入金属固定架的可用电针治疗。

7.3 针灸和推拿的治疗机理

针灸是治疗颈椎病的一种首选有效的治疗方法。许多研究人员从分子免疫学，神经电生理学等角度对针灸抗炎镇痛的机理进行了许多科学研究，实验研究显示，针灸可刺激机体及脊髓生成内啡肽，这种物质可与脑中的阿片受体结合，具有很强的止痛效能。

推拿也是一种积极有效的治疗方法，如能和针灸相结合，将会缩短疗程，提高疗效，但不是治疗颈椎病的唯一首选方法。

8. 典型病例

病人甲，女性，54 岁，护士，初诊于 2005 年 5 月 18 日。

主述 项部，双肩和前颈两侧疼痛 2 年，伴双侧小指，无名指时有麻木，其疼痛休息时减轻，同时伴有发作性位置性眩晕伴恶心 5 年。睡眠二便良好。

查体 1 年前（2004 年）x—ray 显示，颈 4—颈 7 颈椎间盘轻度膨出。血压 129/83mmHg。脉搏 72 次/分。舌质暗紫，薄黄苔，脉弦数。形体消瘦，面色尚可。

既往史 湿疹 50 年，现已稳定。41 岁时自然停经。吸烟多年。

病因病机 月经早退，肾髓不足，肝肾阴虚，筋骨失养并肝阳上亢。

诊断 颈椎病——神经根型和椎动脉型（西医）。肝肾阴虚型（中医）。

治疗原则 滋养肝肾，濡养筋骨，平肝潜阳 通经止痛。针灸取穴以手三阳经为主。

治疗经过

第一阶段 一诊于 2005 年 5 月 18 日。

针灸治疗：主穴 风池，颈 4，5，6，7 夹脊穴。

配穴 百会，扶突，肩中俞，肩外俞，肩井，肩髃，膈俞，臂臑，曲池，支正，外关，中渚，腕骨。

针灸方法 电针连接颈 5—颈 7，通电时间 25 分钟。其它腧穴采用手法提插泻法。建议针灸治疗一周二次。

中药治疗 当归，丹参，桑枝，葛根，桂枝，白芍，半夏，桃仁，生地，钩藤，黄芩，鸡血藤，姜黄，枸杞子。

二诊于 2008 年 5 月 20 日。

症状轻微好转，口服草药后引起腹泻，病人拒绝进一步口服草药，所以治疗方案改为停止中药治疗，仅用针灸治疗，方法同前。

第二阶段 2005 年 6 月 10 日。

病人经过 6 次针灸治疗后，肩痛消失，颈痛和头晕好转，仍有轻微腹泻。舌质暗 淡，薄白苔，脉弦缓。

针灸治疗 主穴 颈 4--7 夹脊穴，风池穴。配穴：肩井，百会，支正，足三里，太溪。方法同前，一周两次治疗。

第三阶段 2005 年 7 月 1 日。

病人经过 12 次针灸治疗后，颈，肩痛消失，仅感觉颈前两侧肌肉僵硬，轻微头晕，舌质淡暗，苔薄白，脉弦

针灸治疗 主穴 颈 4，5 夹脊穴，风池穴。配穴：人迎，扶突，缺盆，中渚，合谷。方法：常规操作，平补平泻，一周两次治疗。

第四阶段 2005 年 7 月 15 日。

病人经过 16 次针灸治疗后，头晕消失，颈前轻微僵硬，舌脉同前。

针灸治疗 主穴同前，配穴 人迎，扶突，缺盆，合谷。手法同前，一周一次治疗或两周一次。

第五阶段 2006 年 2 月 25 日。

病人经过 25 次针灸治疗后，自觉颈前肌肉乏力，舌淡红，苔薄白，脉弦缓。

针灸治疗 主穴 颈 3，4，5 夹脊穴。配穴：人迎，扶突，缺盆，手三里，足三里。手法：颈 3，4，5 夹脊穴电针，人迎，扶突，缺盆平补平泻；手三里，足三里 补法，两周一次或三周一次治疗。

最后阶段 2007 年 11 月 5 日。

病人经过 40 次针灸治疗从 2005 年 5 月 18 日到 2007 年 11 月 5 日。颈，项，肩痛完全消失，头晕无，偶尔颈前肌肉乏力。舌淡红，苔薄白，脉弦缓。

该病人患颈椎病 5 年，加重 2 年，停经 8 年。显然是一个典型的肾精不足，髓海空虚，骨失所养引起的老年颈椎退行性病变（x 线片已证实），病位在 3，4，5，6，7 颈椎，诊断为颈椎病——神经根型和椎动脉型（西医），肝肾阴虚型（中医）。主要应用颈椎夹脊电针治疗 40 次后，历经 2 年，达到临床治愈。可见颈椎夹脊电针能明显改善骨质退行性病变所引起的间盘膨出压迫神经导致颈，肩，臂痛和麻木；同时也改善横突间孔增生所压迫椎动脉引起的头晕。总之局部电针治疗，可明显改善骨质良性代谢，减小增生及神经受压，从而改善症状，多数病人达到临床治愈。



TCM Differentiation and Jiaji Electro-Acupuncture Treatment for Cervical Spondylopathy

Hui Nie PhD in acupuncture

Preface Cervical spondylopathy (CS) is fairly common in TCM clinics in the UK. This article focuses mainly on the western medical diagnosis of CS and the clinical application of jiaji electro-acupuncture on the neck. The writer believes that jiaji electro-acupuncture treatment is very effective for CS and is currently one of the best clinical treatments. The western medicine classification and TCM differentiation of the disease are crucial to the treatment course and prognosis of CS.

Cervical spondylopathy

Cervical spondylopathy (CS) is also known as cervical spondylotic syndrome. It can be caused by a bulge or atrophy of the cervical intervertebral discs, narrowing of the cervical intervertebral space, or inflammation due to cervical hyperplasia. The compression to the cervical nerve root, spinal cord of the cervical region, vertebral artery, or sympathetic nerve is the main pathogenic factor to cause this syndrome. It is more common in old and middle-aged patients.

Cervical anatomy

The muscles of neck are the sternocleidomastoid muscle, and the front, the middle and back scalene muscles. The muscles of nape are the trapezius muscle, the latissimus muscle of the scapula and the rhomboid muscle. The common carotid artery runs in the superficial muscles group of the front neck. The vertebral artery runs through the transverse foramen.

The cervical plexus consists of the anterior branches of the 1st – 4th cervical nerves, dominating the muscles of

the neck and nape. The 1st and the 2nd cervical nerves join to dominate the genioglossus muscle. The 2nd cervical nerve dominates the small and great occipital nerves. The 2nd, 3rd and 4th cervical nerves join to dominate the sternocleidomastoid muscle and the trapezius muscle. The 4th cervical nerve dominates the diaphragm (relating to hiccups). The connecting branch of the 1st- the 4th cervical nerves joins into the vagus nerve.

The Brachial plexus consists of the anterior branches of the 5th – 8th cervical nerves and the 1st thoracic nerve. The ulnar nerve consists of the 7th and 8th cervical nerves and the 1st thoracic nerve and runs on the ulnar side of the arm, the small finger and ring finger. The radial nerve consists of the 6th and 8th cervical nerves and runs on the radial side of the arm, the thumb and index finger.

Vertebra

The cervical vertebra consists of the seven vertebral bodies – the 1st cervical vertebra (atlas), the 2nd cervical vertebra (axis or vertebra dentate) and the 3rd, 4th, 5th, 6th and 7th cervical vertebra. The cervical nerves come from the superior border of the vertebral body. The thoracic and lumbar nerves come from the inferior border of the vertebral body. So the seven cervical vertebrae have eight pairs of nerves. There is no disc between atlas and axis, so there are six discs between the seven cervical vertebral bodies.

Clinical types of cervical spondylopathy in western medicine

1) CS of the simple type

This is common in the early stage of CS. It is caused by early cervical hyperplasia, and manifests as discomfort of the neck or as a stiff neck. Generally, there is no radiated pain or numbness in the upper arms.

2) CS of the nerve root type

It is caused by retroplasia of the intervertebral joints, which stimulate or compresses the nerve root, manifesting as cervical-shoulder pain, cervical-occipital pain, or stiff neck and limited movement. The pain radiates to the arms (one side or both sides), or is accompanied by numbness of the fingers, and reflex pain. Also, secondary tender points may be found at the inner edge of the scapula or the shoulder. The top-tap test is positive or the brachial plexus-traction test is positive.

3) CS of the vertebral artery type

This type is due to degeneration and hyperplasia of the cervical vertebrae which causes spasms or compression in the vertebral artery, because of blood deficiency. The patient may have cervical and occipital pain, dizziness, vomiting, nausea or positional vertigo. The above-mentioned symptoms are induced by the

movement of the head and neck.

4) CS of the sympathetic nerve type

This is caused by stimulation of the sympathetic nerves. The symptoms include occipital pain, dizziness (although no positional vertigo), migraine, palpitation, anxiety, or the sensation of a foreign body in the throat. Also a pain in the anterior pectoral region may be noticed in a few patients.

5) CS of the spinal cord type

It is caused by hyperplasia of the posterior edge of the vertebral body or the invasion of the vertebral canal by the intervertebral disc. The posterior longitudinal ligament or the thick yellow ligament further compresses the spinal cord and the nerve roots in the canal. This type may come from the nerve root type of CLS. The symptoms include numbness and flaccidity of the extremities (upper or lower, unilateral or bilateral) or even incomplete spastic paralysis which manifests as limited movement of the extremities, or staggering gait in later stage.

6) CS of mixed type

It manifests through symptoms of two more types of the 6 categories which I have presented. Cervical X-ray film and MRI reveal such abnormal changes as disappearance of physiological lordosis, lateral curvature of the cervical vertebrae, narrowing of the intervertebral space, and sclerosis of the edges of the intervertebral facet joints.

TCM Differentiation and treatment of cervical spondylopathy

1) Obstruction of wind and phlegm (Cervical spondylopathy of the simple type and the early stage of nerve root type)

There is pain and stiffness on the neck or shoulder, numbness and soreness on the arm and hand, a pale tongue with a thin coating; a floating and taut pulse. Herbal prescription is Gui zhi ge gen tang.

2) Obstruction in the meridian (Cervical spondylopathy of the later stage of nerve root type)

This includes pain and numbness of the head, neck and shoulder, particularly a tingling pain, (if this is worse in the night time, the illness time may have been longer), a slightly deep red tongue with a thin coating, a tight and taut pulse. The herbal prescription is Shen tong zhu yu tang.

3) Liver wind with turbid phlegm (The vertebral artery type)

There is headache, dizziness, sickness and vomiting

or a pain in the neck and shoulder, a pale tongue with a thin coating, and a taut pulse. The herbal prescription is Tian ma gou teng yin.

4) *Yin deficiency of the liver and the kidney (the sympathetic nerve type)*

It is manifested by dizziness, tinnitus, insomnia, distension pain in the neck and the shoulder. There is a red tongue with a thin yellow coating, and a deep and taut pulse. The herbal prescription is Zhuo gui yin.

Differential diagnosis

1) *Stiff neck.*

This is caused by long-term over strain of the muscle group in the neck and the nuchal region due to improper height of pillow or improper posture during sleep. It is also caused by myospasm or myofibrositis due to exposure to wind-coldness.

2) *Spread of cancer on the cervical vertebra*

Some cervical vertebrae are damaged by the spread of cancer, which is manifested by a stiff neck, or neck pain, or numbness of the upper arm.

3) *Reumatism: rheumatic spinal osteoarthritis and rheumatoid arthritis*

Acupuncture treatment

Point Prescription

- 1) Jiaji (extra-acupoints) on the neck;
- 2) Fengchi (GB20);
- 3) Jiaji on C5, C6 and C7 level are used for the cervical spondylopathy of the simple type, the nerve root type, and the spinal cord type;
- 4) Jiaji on C4, C5 and C6 level are used for CS of the vertebral artery type and the sympathetic nerve type.

Supplementary points

The simple type	zhizhen (SI 7), Kunlun (UB60).
The nerve root type	jianzhongshu (SI15), jianwaishu (SI14), jianjing (GB21), naoshu (SI10), jianyu (LI15), quyuan (SI13), bingfeng (SI12), binao (LI14), quchi (LI11), zhizheng (SI7), waiguan (SJ5), hegu (LI4), baxie (extra point).
The vertebral artery type	Baihui (Du20), Sishencong (extra point).
The sympathetic nerve type	Baihui (Du20), sishencong (extra point), shuaigu (GB8), taiyang (extra point), Shenmen (H7)
The spinal cord type	The upper arms are selected on jianyu (LI15), binao (LI14), quchi (LI11), shaoli (LI10), waiguan (SJ5), hegu (LI4), baxie (extra point).

The lower limbs are chosen on huantiao (GB30), Fengshi (GB31), futu (St32), yanglingquan (GB34), fenglong (St40), chengshen (GB57) Kunlun (B60).

Method

Jiaji points are used with electrotherapy. The needle used is 0.22mm x 25mm, which punctures slightly obliquely 1.2 cun (20 mm deep) medially. Normally one or two pairs of points are chosen and connected with electrical leads. One treatment with electric current lasts 15 - 25 minutes.

The intensity of the electric current is adjusted to ensure that the patient feels comfortable and can tolerate the current. The frequency is the sparse wave which is about 60 - 90 times per minute.

2) Fengchi (GB20) - the type of needle used is 0.22mm -25mm, which punctures obliquely 1.2cun (20mm) towards the lateral border of ala nasi. The reducing method is applicable.

3) Other acu-points are used by the normal method. The needles are retained for about 25-30 minutes.

The course of treatment

In the acute stage one treatment every other day is administered. In the chronic stage 2 treatments per week are recommended. In remission period once per week. The preventive treatment is once a month. Normally a course of 10 -20 treatments is appropriate.

Discussion

1) *Western medicine classification and efficacy of acupuncture*

In my experience, different western medicine types of CS respond to acupuncture treatment differently therefore the clinical prognosis varies. The cervical spondylopathy of the root type and simple type are common and chronic. Using jiaji electro-acupuncture on the neck, the cure rate can be very promising in the long term. Of course, some patients may need more treatment sessions. Vertebral artery type and sympathetic nerve type are also common in my clinic and they respond to treatment also very effectively. Spinal cord type can be treated by jiaji electro-acupuncture for pain relief, but it cannot be cured by this method. Some of the worst cases may need an operation.

2) *Discussion on cervical jiaji electro-acupuncture*

Jiaji electro-acupuncture on the neck, created by a research team in Acupuncture Faculty of Heilongjiang University of TCM in China, is an effective treatment method based on their long term clinical practice.

Cervical spondylopathy is a group of clinical syndromes, and Degenerative diseases resulting from the bulge or atrophy of the cervical intervertebral discs, narrowing of the cervical intervertebral space, or inflammation leading to compression to the cervical nerve root, and/or poor circulation. Then jiaji electrotherapy on the neck can work in the local affected area directly, and improve circulation, so that trapped nerve is alleviated and inflammation is reduced. Furthermore, the constant electrical stimulation from electrotherapy can decrease bone hyperplasia and speed up metabolism of the bone, resulting in anti-the bulge and atrophy of intervertebral discs, anti-hyperplasia.

3) The function of acupuncture

Acupuncture can be used as the first option and effective treatment for cervical spondylopathy. Many scientists have conducted a lot of research about anti-inflammation and pain relief function of acupuncture from neuro-electro-physiology and molecular immunology. The research has revealed that acupuncture can stimulate the body and the spinal cord to produce endorphin, which, in combination with the opiate receptor in the brain, can relieve pain effectively.

4) Tuina (Therapeutic massage)

Tuina is also a positive and effective treatment for CS, but it is not the first optional treatment. However, the combination of acupuncture with tuina may possibly shorten the course of treatment, and increase the good curative effect.

5) Precautions

Jiaji electro-acupuncture on neck may be used with great care for CS patients after operation, especially for the cases which the metal frame is embedded in the cervical vertebra.

Case report

Patinet A, Female, aged 54, Carer. First visit on 18th May 2005

Main complaints: she suffered from neck, nape and shoulder pain in the past 2 years, with numbness on both small fingers and ring fingers, which those symptom less when she was resting. She had also experienced positional dizziness with sickness for 5 years. Her bowels and urine were fine and sleep well.

Examination: X-ray examination reveals that there was a light bulge in the 4th, 5th, 6th, and 7th, cervical intervertebral discs. Bp 129/83 mmHg, pulse was 72times/minutes. Dark red tongue with slight yellow coating. She is tall and thin with normal complexion.

Past medical history: she had eczema for 50 years, her period end naturally when she was 40 years old. She smokes for many years.

The pathogenesis: her period stopped on advanced age, resulting in insufficiency of kidney essence, yin deficiency of both liver and kidney, lack of nourish to

ligament and bone, and ascendant hyperactivity of liver yang.

Diagnosis: (western) The root type and the vertebral artery type cervical spondylopathy; (TCM) Yin deficiency of both liver and kidney.

The principle of treatment: nourishing liver and kidney, tonifying ligament and bone, calming liver and extinguishing yang, dredging channels and stopping pain. Selecting acu-points mainly from the three yang channels of hands.

Step 1

First visit: 18th May 2005

Main acupuncture points: GB20 and the 4th, 5th, 6th and 7th jiaji points on neck;

Supporting acupuncture points: fengchi (Du 20), futu (LI 18), jianzhongshu (SI 15), jianwaishu (SI 14), Jianjin (GB 21), jianyu (LI 15), naoshu (LI 10), binao (LI 14), quchi (LI 11), zhizheng (SI 17), Waiguan (SJ 5), zhongzhu (SJ 3), wangu (SI4).

Treatment method: electrotherapy is used on the 5th, 6th and 7th jiaji points for 25 minutes. Other points are applied by the lifting and thrusting method. Two acupuncture sessions per week is suggested.

Herbal prescription: dang gui, dan shen, sang zhi, ge gen, gui zhi, bai shao, ban xia, gou qi zi, tao ren, sheng di, gou tong, huang qin, ji xue teng, jiang huang.

Second visit: 20th May 2005

She felt that those pains relieved a little, but she suffered from diarrhea which may be due to herbs. She refused to drink herbs, preferring to acupuncture treatment only.

Step 2

On 10th June 2005

After 6 sessions of acupuncture, her shoulder pain disappeared, neck pain and dizziness were better, but she still suffered from slight diarrhea. Her tongue was slight dark red with thin white coating. Her pulse was taut and slow.

Main acupuncture points: the 4th, 5th, 6th and 7th jiaji points on neck, feng chi (GB 20).

Supporting points: jianjing (GB 21), baihui (DU 20), zhizheng (SI 17), zusanli (ST 36), Taixi (K 3).

Method: same as above, two treatments per week.

Step 3

On 1st July 2005

After 12 acupuncture treatments, her shoulder and neck pain had gone, she only suffered from muscle stiffness on both side of the front neck, slight dizziness. Her tongue was slight dark red with thin white coating and taut pulses.

Main acupuncture points: the 4th and 5th jiaji points, fengchi (GB 20).

Supporting points: renying (St 9), futu (LI 18), quepen (St 12), zhongzhu (SJ 3), hegu (LI 4).

Method: same as above manipulation with the even reinforcing and reducing method, two treatments a week.

Step 4

On 15th July 2005

After 16 sessions of acupuncture, her dizziness had gone, only had slightly stiff neck some times, her tongue's colour and pulses shape were same as before.

Treatment: the main points were same as last time, supporting points were renying (St 9), futu (LI18), quepen (St12), hegu (LI4).

Method: the operation was same as last time, the treatment was used for once a week or twice a week.

Step 5

On 25th February 2006

After 25 acupuncture treatments, she only felt the weakness of the muscles on her neck. Her tongue was light red with thin coating, her pulses was moderate and taut.

Treatment: the main points were the 3rd, 4th and 5th jiaji points, supporting points were renying (St 9), futu (LI 18), quepen (St 12), shousanli (LI 10), zusanli (St 36).

Method: St 9, LI 18 and St 12 were used by even reducing and reinforcing, LI 10 and St 36 were used by reinforcing. She had treatment once every other week or every other two week.

Step 6

On 5th November 2007

After she had 40 sessions of acupuncture treatment between 18th May 2005 to 5th November 2007, her shoulder and neck pain had gone completely, the dizziness was disappeared, she only occasionally felt the weakness of muscles on the neck. Her tongue was light red with thin coating; her pulses were moderate and taut.

Analysis of the case

This patient had suffered cervical spondylopathy for 5 years, and it got worse for the last 2 years. Her period stopped for 8 years. It is a typical case of degenerative change of cervical vertebrae in elder, which caused by the deficiency of kidney essence and the lack of nutrition for the bone, the location of the disease was the 3rd, 4th, 5th, 6th and 7th of the cervical vertebrae. She was diagnosed as the nerve root type and the vertebral artery type of the cervical spondylopathy (western), and the yin deficiency of both liver and kidney (TCM). She had recovered to the clinical cure after 40 sessions of acupuncture treatment that she had in 2 years, which was used by jiaji electrotherapy on the neck. It is revealed that the jiaji electrotherapy can improve apparently the neck, shoulder and arms pain and numbness caused by the bulge of the cervical intervertebral discs compression of the nerve; and it also improved dizziness resulted from the hyperplasia of the transversal foramen compression of the vertebral artery. We can briefly conclude that the local electrotherapy improves the bone's good metabolism, decreases the hyperplasia and trapped nerve, as a consequence, improves clinical symptoms, and helps most patients recovered to clinically cure.

(Revised by Andreas Feyler and Liqin Zhao)

Answers to Herb Garden

(Back Cover Page)

1. Long Dan Cao 龙胆草

Latin Name: Radix Genianae

Common Name: Chinese gentian (root)

Source: Root and rhizoma of *Gentiana scabra*, *G. rigescens* and several other species of gentian genus, family *Gentianaceae*.

2. Ze Xie 泽泻

Latin Name: Rhizoma Alismatis

Common Name: Alismatis Rhizome

Source: The tuber of *Alisma orientale* (sam) juzep, family *Alismataceae*.

3. (Guang) Mu Xiang (广)木香

Latin: Radix Aucklandiae

Common: Aucklandia Root

Source: The root of *Aucklandia lappa* Decne, family *Compositae*.

4. Ma Chi Xian 马齿苋

Latin Name: Herba portulacae

Common Name: Portulaca, Purslane

Source: Herb of *Portulaca oleraceae*, family *portulacaceae*.

5. Yu Zhu 玉竹

Latin Name: Rhizoma Polygonati Odorati

Common Name: Polygonati root

Source: Rhizome of *Polygonatum odoratum* (Mill.) Druce, family *Liliaceae*.

6. Bai Shao Yao 白芍药

Latin: Radix Paeoniae Alba

Common: White Peony Root

Source: Root of *Paeonia lactiflora* Pall., family *Ranunculaceae*.



Two Case Reports from Acupuncture Students

Case One: Polycystic Ovarian Syndrome (PCOS) Treated by Acupuncture

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A female patient (we shall call Mary) aged 26 years, 5' 7" tall, weighing 17 ½ stones presented with the main complaints of infertility, hirsutism and obesity. Mary had Western medicine diagnoses of PCOS and depression; she was prescribed Metformin to help with the signs and symptoms of PCOS and had counselling to manage the depression. Mary felt the Metformin was not helping and discontinued its use about a year ago. A psychiatric assessment suggested Mary had depressive tendencies and she was offered medication that she declined. Mary is married with a stable happy home life and no children. She works in an office environment and finds the work occasionally stressful.

Mary has not been able to conceive and since menarche at age 13 she has had fewer than one or two periods a year and never consecutively. Her last period was approximately one year before first consultation. When Mary does have a period there are small dark dull clots and some mild nagging pain prior to and during the period. During the initial 10 weeks of treatment Mary was asked to complete a daily basal body temperature (BBT) chart, the results were erratic with no obvious pattern suggesting she was not ovulating; the upkeep of the BBT chart proved distressing for her and she stopped using it. Hirsutism is obvious on her forearms and back and she is clinically obese with a body mass index of about 38. She has some aches and pains in the joints and mid-back that can be achy in cold weather and at times sharp. The pains are aggravated by exercise and improved with warmth. Sometimes she gets cramps in her feet. Sneezing, standing and lifting can cause momentary sharp pains that she describes as being in the ovaries. Mary produces excess white phlegm in the throat and nose and an occasional clear vaginal discharge. She is short sighted and sees 'floaters' all the time, though her eyes are not dry or itchy. She says her hearing is good but believes everyone mumbles. Mary can be clumsy, walking into, falling over and dropping things. Her pulse is deep in all positions a little slippery, noticeably weaker on the Chi positions and somewhat slow at 64 BPM. Her tongue is pale with a thick white coating, swollen with scalloped teeth marks and red tip. Mary is relatively active visiting the gym up to 3 times a week and she has a good appetite eating large portions. Her diet is vegetarian consisting of hot and cold foods, lots of bread, cheese, pasta, fruit, salads, pine nuts, walnuts and confectionary snacks.

Syndrome Differentiation and Pattern Diagnosis

The aching pains worse with cold suggest Cold and Dampness, the occasional sharp nature of the pains and cramps suggests Blood Stasis and with the 'floaters' perhaps Blood Deficiency. Her unclear hearing, back pains and pulse may suggest Kidney Deficiency. The hirsutism may be due to a disharmony of the Chong Mai (Maciocia, 2004: 407). The obesity is likely due to retention of Damp and Phlegm derived from Spleen Qi Deficiency and Kidney Yang Deficiency. The absence of menstruation may be due to Blood Xu, Blood Stasis or Cold in the Uterus (Maciocia, 2004: 400). Marchment (2007: 35-9)

postulates that obstructed menstruation may be due to Phlegm Damp Obstruction and Qi & Blood Stagnation with Cold Congealing. The ovarian cysts may be a result of Kidney Yang Deficiency and Damp-Phlegm. Ovulation may perhaps require Heat from Ming Meng that if deficient may lead to Uterine Cold and blocked menstruation (Flaws, 2005: 43).

Diagnosis

Ben: Spleen Qi Deficiency
Kidney Deficiency (predominantly Yang)
Biao: Phlegm Damp Obstruction in lower Jiao
Qi and Blood Stagnation with Cold Congealing

Treatment Principles

- Tonify the Spleen
- Tonify and warm the Kidneys
- Drain Dampness and Resolve Phlegm
- Move stagnation
- Expel Cold and warm the Uterus

Initially 10 weekly treatments of acupuncture were suggested. It was explained that due to the chronic nature of the condition it would likely take many months before significant advances might be seen and that it would require lifestyle and dietary commitment from Mary. It was also explained that Chinese herbal medicine would probably improve and perhaps speed the process of change but as acupuncture students we were unable to prescribe herbs.

Lifestyle Advice

Meal portion sizes should be reduced and food types and their energetic qualities were discussed with emphasis on reducing cold and raw foods, reducing the high cheese intake, trying to avoid snacking.

Acupuncture Points

SP-4 on the right and PC-6 on the left to open the Chong Mai (Penetrating vessel/sea of blood) to help move stasis, harmonise the Blood and help dissolve masses, secondary actions may help with excessive hair growth, fortify the Spleen, resolve Dampness and calm the mind. LU-7 on the right and KD-6 on the left to open the Ren Mai (Directing Vessel) to nourish Blood and strengthen the Uterus, nourish the Kidneys, with secondary actions to help with cramps in the feet and calm the spirit. SP-6 and ST-36 to tonify the Spleen, nourish the Blood, resolve dampness, tonify the Kidneys, harmonises the lower Jiao and regulate menstruation. ST-40 to transform Phlegm and dampness. For the last 4 treatments LI-4 and LV-3 were added to smooth Qi and Blood, remove obstruction from the channels and perhaps help regulate menstruation and amenorrhoea. For treatments 7 to 11 the TDP heat lamp was used to warm the uterus and on treatment 12 moxa was used on the KD-14 needle. An even needling technique was employed and various other points were used at times, see the table for details.

POINT	TREATMENT No. & DATE											
	1 07/08	2 21/08	3 04/09	4 02/10	5 09/10	6 16/10	7 23/10	8 30/10	9 06/11	10 13/11	11 20/11	12 30/01
SP-4 RHS	x	x	x	x	x	x	x	x	x	x	x	x
PC-6 LHS	x	x	x	x	x	x	x	x	x	x	x	x
LU-7 RHS	x	x	x	x	x	x	x	x	x	x	x	x
KD-6 LHS	x	x	x	x	x	x	x	x	x	x	x	x
SP-6	x	x	x	x	x	x	x	x	x	x	x	x
ST-36	x	x	x		x	x	x	x		x	x	x
ST-40	x	x	x	x	x	x	x	x	x	x	x	x
SP-10	x	x						x	x	x	x	x
LI-4									x	x	x	x
LV-3									x	x	x	x
REN-3	x											x
ST-28	x	x										
ST-29	x											
SP-9	x										x	x
KD-3	x		x									x
KD-7	x		x								x	
REN-9		x										
ST-37									x			
KD-14												x*
HT-7		x		x				x	x	x		
Yintang				x								
TDP Uterus							x	x	x	x	x	

Ongoing Analysis and next steps

Mary has taken onboard the lifestyle advice and has made significant changes to her diet. From the first week she felt the benefit of cutting down on Damp forming foods by having less phlegm and a generally easier feeling.

After treatment 11 Mary had a period lasting 6 days that she describes as heavy with small dull dark clots and some pulling nagging pain. 28 days later Mary had a second similar period lasting 8 days. Two consecutive periods are unknown for her and three would be an excellent start to further treatment. There has been no reduction in quantity or quality of the hirsutism but Mary has noticed that her clothes are looser fitting suggesting some weight loss.

Mary has been asked to recommence using a menstrual cycle diary and BBT chart to determine if she is ovulating and to ascertain the precise nature of the periods and premenstrual symptoms.

At treatment 12 there were signs of premenstrual tension such as, hypersensitive nipples, uncharacteristic irritability, mild headaches, a feeling of distension in the abdomen and some sour regurgitation. The pulse has increased to 72 BPM and has taken on a Choppy and slightly Wiry characteristic. Her tongue has taken on an overall light purple colour and the red tip extends to the sides. The coating is no longer thick white. The signs and symptoms suggest Liver Qi Stagnation & Blood Stasis.

Until ovulation is confirmed the treatment principle will be to

smooth the Liver, move Qi stagnation, nourish Yin and tonify Yang. The following four general treatment principles suggested by Maciocia (1998: 11) may be employed:

1. During the period: Move Blood if period scanty, stop bleeding if heavy
2. After the period: Nourish Liver & Kidney Blood & Yin
3. Mid-Cycle: Promote ovulation by Nourishing the Kidney Essence
4. Before the period: Tonify Kidney Yang if it is deficient, move Liver Qi if it is Stagnant

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Case Two: Head and Ear Pain

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Patient

D.B. is a 66 years old female retired Lettings Negotiator who presented at the summer clinic provided by the Complementary Medicine clinic of the University of Lincoln, in 2008. Her main complaint was ear pain radiating down the mastoid bone into the right cheek, she also suffers from Gastritis, which prevents her from taking any medicines. Due to repeated ear infections, D.B. had Mastoidectomy 64 years ago, i.e. at 2 years of age. Since then she has had repeated major ear surgery causing severe Head and Facial pain, resulting in Psychological and Physiological effects. These included tinnitus and hyperacusis, pain in the head around ear, dry mouth and throat, jaw pain, nasal congestion, anxiety and low energy. The presenting symptoms are of a common type, in that they are seen in practice on a regular basis that is with the possible exception of hyperacusis.

Hyperacusis is a health condition characterized by oversensitivity to certain frequency ranges of sound (a collapsed tolerance to normal environmental sound). A person with severe hyperacusis has difficulty tolerating everyday sounds, some of which may seem unpleasantly loud to that person but not to others. Subsequent to this D.B. gave up her job as a medical secretary, had little social life because noise set off further head pain, and has found her home life difficult, particularly her role in nursing her husband post-operatively. This has also resulted in a major loss of self-confidence and motivation.

Pattern diagnosis

- Phlegm in Stomach Channel
- Shen disturbance
- Kidney Xu
- Subsequently, upon further questioning— Blood stasis in Gall Bladder channel

Aetiology

D.B. was diagnosed with Stomach Cancer, has had a Bowel resection and had recurrent ear infections, which the authors felt, contributed to Phlegm retention in the Stomach channel around the jaw. D.B. has found the failure of conventional medicine to provide relief from her pain very frustrating, and over the years, this has led to her Shen disturbance and her long-term symptoms have contributed to the Kidney Xu. As the tinnitus subsided, it became apparent the hyperacusis was a significant symptom. Further questioning led the authors to diagnose Blood stasis in the Gall Bladder channel, as this was the main site of ear surgery.

Treatment

The initial treatments were to reduce phlegm, tonify the spleen and reduce pain in the ear and jaw. The first points used were SP-6 (Sanyinjiao), ST-36 (Zusanli), ST-40 (Fenglong), SJ-3 (Zhongzhu) and Ashi points on jaw (these were close to ST-5(Daying) and ST-6 (Jiache),

SP-6, ST-36 and ST-40 were used primarily to harmonise the

spleen and stomach, transform phlegm and nourish qi. SJ-3 was used as a distal point for the ear.

Kid-3, PC-6 and Liv-3 were added at her second treatment, to aid tinnitus reduction, and as an alternative to '4' gates respectively. PC-6 and Liv-3 were used unilaterally, PC-6 on the left and Liv-3 on the right. Yintang was also added, to calm the shen.

As the treatment progressed, we saw a reduction of this patients' tummy distension, her neck and jaw pain and crucially her tinnitus. It was the reduction in Tinnitus that revealed the degree of difficulty that DB was experiencing with her Hyperacusis. Until this point it was the neck and jaw pain and tinnitus that were her main concern.

The introduction of specific local points around the site of the ear operations, have been crucial to the recovery of this patient, alongside points to promote energy levels.

LI-4 Hegu and Liv-3 Taichong: open the 4 gates to promote qi and blood throughout the body.

ST-7: Xiaguan. Benefits the ears, jaw and teeth. Alleviates pain.

SJ-21 Ermen, GB-2 Tinghui, SJ-17 Yifeng, GB-20 Fengchi: Benefits the ears and alleviates pain. Impaired hearing and deafness.

GB-43 Xiashi. Distal point for impaired hearing and deafness.

GB-2 was found to have an immediate soporific effect for this patient, such that she found difficulty in remaining awake whilst the needle insertion was completed.

After four months of continual treatment, D.B. is now pain free from Hyperacusis, and the tinnitus has diminished. Her sleeping pattern has been much improved and feels calmer and less frustrated with life. Her overall opinion is that she feels like a different person and feels fantastic.

In her own words '.....I could not shop in a supermarket, go to the cinema or theatre, could not eat in a restaurant, ...social life totally ruled by my condition...in fact every part of my life has been totally affected by my condition' '.....I am very excited and finding it difficult to hold back as to be, dare I say, PAIN FREE, after decades of suffering....'



Cancer

by Stephen Gascoigne

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For a free subscription to Chinese Medicine Times, click on the link: www.chinesemedicinetimes.com*

Cancer is a word which strikes fear into the hearts of many of us. It is often difficult to even utter the word and so we use euphemisms such as 'shadow on the lung', 'tumour', 'swelling' and the like. Consequently, people diagnosed with cancer, and health-care professionals alike, can find themselves swept away by emotion. It is frequently difficult to decide the most appropriate treatment in such an environment. It has been said that we only think about death when we are dying. This is a little late. It is also true that we frequently only think about our health when we are sick. Clearly, if we are prepared, we can deal better with changing circumstances. As practitioners, we have an important role in guiding people towards healthy options, even in the midst of a crisis such as a cancer diagnosis. However, crisis and opportunity are closely connected so the possibility exists of a positive outcome from such a diagnosis.

What can we offer as practitioners of Chinese medicine? This is dependent upon our expertise as practitioners but also on the person who seeks help. For example, some people merely request alleviation of symptoms caused by conventional medical treatment. Other people involve themselves much more in their Chinese medical treatment, look at their diets and take up internal exercises such as *tai chi* or *qi gong*. Some completely eschew conventional treatment and seek only support and treatment from holistic medicine, either Chinese medicine or a combination of different therapies. I have observed, over the past 20 years or so in practice, that increasing numbers of people are actively questioning their treatment options and are moving towards holistic methods, either in conjunction with conventional treatment or alone.

The causes of cancer are many and varied yet Chinese medicine agrees with the ancients of Western thought and with traditional doctors in the West that emotional disturbance is the main cause. In addition, environmental influences such as climate, chemical and environmental pollution, irregular lifestyle, dietary habits, mechanical injury particularly if recurrent and inappropriate sexual activity are seen as factors which may lead to cancer.

Whilst radiation and chemicals are seen in the West as being the cause of some cancers, these are very much underplayed. There are political and financial reasons why this may be so, not least the fact that the very chemical companies implicated in environmental pollution are frequently the same ones which produce chemotherapy agents to treat cancer. Recently, it was revealed that Sir Richard Doll, the scientist who made the connection between smoking and cancer, was a

paid consultant to several chemical companies including Monsanto. He was paid \$1,500 per day in consultancy fees and at the same time wrote that there was no connection between Agent Orange (manufactured by Monsanto) used by the American military in Vietnam and cancer.

As always with Chinese medicine, the diagnosis is the key. Cancer is merely a generic term for a lump (usually) with the capability to invade neighbouring tissues. What is the Chinese medical view of such a condition? Mention of tumours – *liu* – dates back to the Shang Dynasty (16th-11th century B.C.) and there has been discussion since then of the causation and treatment of cancer by Chinese medicine. A stagnation of Qi leading to stasis of Blood commonly pre-dates a diagnosis of cancer in addition to disturbed ZangFu function. In cases where there are problems with Spleen Qi and fluid metabolism, Phlegm can accumulate and lead to lumps.

So, what to do? The creation of a healthy environment for people – physical and psychological - is important, appropriate work with adequate rest, exercises such as *qi gong* or *tai chi* are of inestimable benefit, preventing harmful emotions such as worry, fear, anger, irritation and anxiety and dietary changes. Psychological support is greatly needed to deal with fear and fright, both of which are commonly seen in the West these days but particularly after a diagnosis of cancer. I often feel that it is the fear which kills people as much as the disease itself. Fear, of course, can lead us to all sorts of reactions – not all of which are therapeutic.

For practitioners therefore, we need to take the case, make an accurate diagnosis in terms of traditional Chinese medicine, formulate treatment principles and initiate treatment. Acupuncture and Chinese herbs, together, is the preferred option in my opinion. *Qi Gong*, *tai chi*, meditation and visualisation are also of great benefit. Dietary changes are paramount.

There are many methods of treating cancer according to holistic medicine and they all involve a healthy diet, positive attitude and treatment with herbs or similar. Centres such as found in Mexico using Hoxsey methods, the Gerson clinic, and so forth all offer exceptional guidance and support to people with cancer. They are all in Mexico after the Food and Drug Administration in the US drove them out. In the immediate post-war period, the Hoxsey clinics were the largest and most frequent private cancer clinics in the US. Their methods and history are well

described in the book, *When Healing Becomes a Crime* by Kenneth Ausubel (Healing Arts Press, 2000).

An added complication in these modern times is that we frequently treat people diagnosed with cancer who are receiving chemotherapy and/or radiotherapy. Chemotherapy is frequently and aggressively applied to many people and is seen as a necessary treatment by both conventional practitioners and patients. There was little media attention recently to a study that appeared in *Clinical Oncology* (Morgan, Ward and Barton 2004). This stated that any benefits of chemotherapy are seen in around 2.5% of patients. If I was practising a form of medicine which only benefited 2.5% of people (particularly given the powerful negative effects seen with chemotherapy), I would retrain as a postman or in a career with more opportunity to benefit others.

The energetic effects of chemotherapy drugs were well described by Giovanni Maciocia some years ago in a *Three Treasures* newsletter when he discussed the use of his Chemosupport herbal formula. Essentially, they have a lot in common with an old herbal treatment for cancer known as escharotics. This is a burning treatment aimed at the tumour itself. The Hoxsey clinics use such herbs in selected cases and I have used them on individual skin tumours. However, with chemotherapy it is applied internally by an intravenous route. Therefore, the burning effect is experienced in the internal organs. In terms of Chinese medicine, you see *Rebellious Stomach Qi*, *Spleen Qi Deficiency*, *Blood and Yin Deficiency*, *Heat in the Blood* or other organs. Therefore, we need to modify our treatment principles to take account of such drug effects. In addition, the chemotherapy drugs may affect different areas of the body and as a consequence we may need to target our treatment accordingly. The two cases below illustrate this point.

Elizabeth is 52 years old and was diagnosed with breast cancer 2 years ago. She had a mastectomy followed by chemotherapy and radiotherapy. Last year, she developed a lump around the scar and was found to have secondary deposits in the liver and ribs. She was restarted on a course of chemotherapy. Her difficulties with this treatment developed in the gastrointestinal area. She developed a sore mouth, unpleasant taste in the mouth, generally feeling quite unwell with nausea and poor appetite. Her Liver pulse was empty and weak, Spleen pulse tense. Tongue was reddish with small central cracks. I made a diagnosis of *Spleen Qi Deficiency*, *Heat in Stomach* and *Liver Blood Deficiency*. I treated her with acupuncture: Zusanli (ST 36), Ququan (LV 8), Jiexi (ST 41), Liangmen (ST 21), Zhongwan (RN 12). Her herbal formula was:

Dang Shen (*Radix Codonopsis Pilosulae*) 12g
Fu Ling (*Sclerotium Poriae Cocos*) 9g
Gan Cao (*Radix Glycyrrhizae Uralensis*) 3g
Huang Qin (*Radix Scutellariae Baicalensis*) 6g
Zhi Zi (*Fructus Gardeniae Jasminoidis*) 5g
Cang Zhu (*Rhizoma Atractylodes*) 9g
He Shou Wu (*Radix Polygoni Multiflori*) 9g
Huang Qi (*Radix Astragali Membranaceus*) 12g

Dang Gui (*Radix Angelicae Sinensis*) 6g

Dan Shen (*Radix Salviae Miltiorrhizae*) 3g

One teaspoonful of herbal powder once daily before food.

One week later she felt much better. She had a little nausea and tiredness the day of treatment but nothing since. She was much more positive with good energy. Her stomach felt fine and there was no taste in the mouth. Her Spleen pulse was much more relaxed but her pulse on the left was empty and thin generally. Her tongue was pale and slightly dry.

Her treatments continued throughout her course of chemotherapy and she had virtually no adverse effects with her stomach after that. She retained her hair, which is unusual with the particular chemotherapy drugs she was on and her energy was maintained. She is now post-chemotherapy. She remains well and continues other supportive measures such as a regular Qi Gong practice, healthy diet and moderate exercise. She has also taken the opportunity to give up her job and pursue interests that she has always wanted to do but somehow never found the time. She realises that she needs to do things which 'make her heart sing' and this experience has allowed her to do this.

Holly is 59 years old and had a mastectomy some 10 years ago for breast cancer followed by tamoxifen for 5 years. Three years ago she developed a recurrence locally in the skin around the scar and was given radiotherapy and chemotherapy. A year later, she developed cancer in the remaining breast. I saw her when she had just had her second dose of chemotherapy with Taxol. Her main symptoms were vaginal soreness, redness and irritation. There was no discharge and urination helped her symptoms. She would urinate over 6 times each night and have frequency during the day. Her pulse was thready particularly on the left, tongue reddish with little coat and stripping at the root. I diagnosed *Yin Deficiency* with *Empty Heat* in the Lower Jiao. I treated her with acupuncture, Taixi (KI 3), Guanyuan (RN 4), Ligou (LV 5) and gave her a herbal formula:

Shu Di Huang (*Radix Rehmanniae Glutinosae Conquatae*) 24g

Shan Yao (*Radix Dioscoreae Oppositae*) 12 g

Shan Zhu Yu (*Fructus Corni Officinalis*) 12 g

Mu Dan Pi (*Cortex Moutan Radicis*) 9 g

Fu Ling (*Sclerotium Poriae Cocos*) 9 g

Ze Xie (*Rhizoma Alismatis Plantago-aquaticae*) 6 g

Rou Gui (*Cortex Cinnamomi Cassiae*) 5g

Zhi Mu (*Rhizoma Anemarrhenae*) 6g

Huang Bai (*Cortex Phellodendri*) 6g

Half a teaspoonful of herbal powder once daily.

This formula and its variants is a particular favourite of mine. The base of the first 6 herbs is Liu Wei Di Huang Tang (*Six Ingredients with Rehmannia*) often indicated in *Kidney Yin Deficiency*. With the addition of Rou Gui (*Cortex Cinnamomi Cassiae*) and Fu Zi (*Radix Lateralis Aconiti Carmichaeli Praeparata*) this becomes Jin Gui Shen Qi Wan (*Kidney Qi Pill from the Golden Cabinet*)

used for Kidney Yang Deficiency. Removing the Fu Zi (*Radix Lateralis Aconiti Carmichaeli Praeparata*) means that the formula can be appropriately applied to children and can be modified with herbs which you could not otherwise add to Jin Gui Shen Qi Wan (*Kidney Qi Pill from the Golden Cabinet*).

After 2 weeks, the redness and soreness had gone, her bladder felt much more comfortable. After another 4 weeks, her nocturia had diminished to 4 times, her frequency during the day was much easier, the soreness was still absent. Her tongue was now merely reddish with no stripping at the root. Her pulse had improved generally but the Kidney pulses were still very weak and thin.

Her treatment is continuing. In such cases, particularly with a long previous history, with the use of drugs such as tamoxifen which are heating and consume Yin (their typical side effects point to Kidney Yin Deficiency), and current symptoms, I generally treat with tonic formulae. It is possible to clear Heat more strongly and this may be appropriate if the symptoms and the person's energy warrant it. Her response is, however, typical of what happens with Chinese medicine. The person feels much stronger with reduced or absent symptoms.

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Further reading and resources:

Prevention and Treatment of Carcinoma in Traditional Chinese Medicine by Jia Kun (The Commercial Press, 1985).

Management of Cancer with Chinese medicine by Li Peiwen (Donica Publishing Ltd, 2003)

Getting Well Again by Simonton, Creighton and Matthews (Bantam, 1992)

This outlines approaches through meditation and visualisation that are extremely helpful for people with cancer.

The Holistic Approach to Cancer by Ian B. Pearce (C.W. Daniel, 1995)

This has a common-sense approach to cancer and is eminently suitable for someone first diagnosed with cancer. It is clearly written and full of common sense information.

Love, Medicine and Miracles by Bernie Siegl (Rider, 1999) Written by a US surgeon, this is full of inspiring stories and appropriate recommendations to maximise our health and help us eradicate serious illness.

Living Proof by Michael Gearin-Tosh (Scribner, 2002)

An inspiring story of an Oxford professor diagnosed with terminal cancer. This is an account of his search for health and vitality. He is alive and well some 8 years later after following a regime that includes dietary treatment and meditation.

Websites:

www.gerson.org

www.cancerdecisions.com

www.bristolcancerhelp.org

DNA Staining Reveals the Existence of the Meridian Sub Systems

by Attilio D'Alberto

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For a free subscription to Chinese Medicine Times, click on the link: www.chinesemedicinetimes.com*

A previous article in *Acupuncture Today* referred to an unpublished research article by Jiang *et al.* (2004) that aimed to find the existence of the meridians (D'Alberto 2005). Now, further research in South Korea has revealed the existence of the meridian subsystems using DNA-staining (Shin *et al.* 2005). The Shin *et al.* (2005) study in part, replicated the original discovery made in 1963 by Bonghan Kim in North Korea. The validity of Kim's study has been disputed since then, but several recent studies confirm that he may have been correct (Cho *et al.* 2004, Lee *et al.* 2004a, Lee *et al.* 2004b).

Bonghan Kim's study involved the use of a secret staining formula to isolate the meridians. This formula was lost with Bonghan Kim's death. Pierre de Vernajoule replicated part of Bonghan Kim's study in humans during the mid 1980s as did Giovanardi, Lonardo, and Abbati in 1992. Later in 2004 Lee BC *et al.* developed an acridine orange fluorescence method that isolated the subsystem ducts and allowed them to be distinguished from fibrin threads. Until now, the subsystem ducts were usually mistaken as being coagulated fibrin threads during surgery. These ducts were further isolated on the internal organs. Shin *et al.* (2005) used a DNA-staining method (Feulgen reaction) to differentiate these ducts from lymph vessels.

So why was the meridian subsystem duct network not found until now? Shin *et al.* (2005) argue that these structures are very small, cannot be easily detected with the naked eye or with a low-magnification surgical microscope, are semitransparent and are commonly mistaken for lymph vessels. The difference between these threadlike ducts and the lymph vessels is that the threadlike ducts are found in bundles whereas the lymph vessels are known to be singular tubes. The threadlike ducts house granules which also contain DNA, whereas lymph vessels do not. In addition, the threadlike tissues can move freely as they are not fixed to the surface of the internal organs. This is in contrast to the lymph vessels, which cannot move freely as they are fixed to the surface of the internal organs. Lastly, the threadlike sub ducts contain 1µm sized granules whereas lymph vessels carry 5 µm or larger lymphocytes.

Many researchers of acupuncture believe that acupuncture works via neurophysiological mechanisms, involving segmental, intersegmental and supraspinal reflexes, autonomic and neuro-humoral modulation (Rogers 2005). However, Shin *et al.* (2005) state another theory, in which the meridians are part of a third circulatory system formed by interstitial connective tissue, which links the surface of the body with the internal organs and cells throughout the body.

Connective tissue consists largely of crystal collagen fibres. Therefore, it may conduct electricity and create piezo-electrical effects that alter the electrical characteristics of the system. The liquid that flows through the sub ducts contains 1-2 µm sized DNA containing granules that correlates with therapeutic effects to damaged internal organs.

The study by Shin *et al.* (2005) notes the similarities between the granules in the Jingluo subsystems and microcells used to study cancer and Down's syndrome. The granules and microcells are similar in size and shape, and have intensively stained nuclei, both having a thin outer membrane and one chromosome amount of DNA inside. The internal organs generate the granules found in the sub ducts by a natural *in vivo* process and pass through the network of ducts, whereas a chemical substance is used to generate the microcells *in vitro*.

Shin *et al.* (2005) also noted different threadlike structures in different animal subjects. It is unclear whether this is because of human error in detecting the structures, or because of developmental irregularities in the animals tested. If these differences relate to differences in response to acupuncture, it may explain why acupuncture is effective in some subjects and not in others. Research is needed to examine this further.

This research is still in its early stages. At this time, it is not detailed enough to confirm that the course of the thread-like ducts on the surface of the body corresponds exactly with the course of the meridians, as described in classical and modern

acupuncture texts. Therefore, we must await confirmation from future research that the complete Jingluo system, including subsystems as well as the actual acupoints, can be isolated and identified. Identification of the substance-like granules that run through the sub ducts will be equally interesting.

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Biography

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超级抗原病群之机理及其中医治疗

向阳

摘要 超级抗原病是由于超级抗原(包括某些病毒, 细菌及其产生之内毒素, 也可能包括某些自身抗原等)诱生(或激活)的累积全身多器官及多系统的一类疾病群, 主要包括葡萄球菌性中毒休克综合征, A 型链球菌中毒性类休克征, 猩红热, 丹毒, 新生儿葡萄球菌致皮肤烫伤样综合征, 特异性湿疹, 点滴状银屑病, 川崎病, 新生儿猝死综合征; 此外, 还可能包括一些自身免疫性疾病。西医发病机理是: 超级抗原激活的非经典抗原抗体反应。其治疗主要是抗感染, 抗炎, 抗休克, 免疫抑制疗法及支持疗法。作者从中医角度分析超级抗原病群, 将其定性为风, 热(火), 湿, 燥, 寒五毒, 尤以风毒, 火热毒为其致病特点, 侵犯营血, 导致脏腑功能失调。其中医发病机理为: 外邪(六淫, 相类于西医之细菌, 病毒, 内毒素, 超级抗原)入侵, 导致脏腑功能失调(免疫应答), 致内生五邪(相类于炎症及其病理产物), 引起瘀血内阻(相类于微循环失调或障碍), 甚至导致阴阳离决而死亡。故其主要治疗大法应为: 除疫清热, 凉血降火。而具体到每一个病人, 多有虚实互见, 寒热错杂, 表里同病, 且累及多个脏腑之功能失调; 因此, 只有随证施治之个性化治疗才能体现中医特色而提高疗效。

1. 抗原和抗体

刺激机体产生抗体的物质为抗原, 免疫血清中的反应物为抗体。这是早期的抗原抗体概念。例如, 细菌作为异物可刺激机体引起免疫反应(即产生抗体), 又能进而与反应刺激物(细菌)起反应(如溶菌与凝菌)。简单而言, 这就是生理学上, 有刺激, 就有反应。

新近的抗原抗体概念比较传统的更完善。抗原是指能与相应克隆的淋巴细胞上独特的抗原受体特异性结合, 诱导(活化或抑制)淋巴细胞产生免疫应答物质(郑武飞医学免疫学)。由于抗原和机体本身条件以及接触时的具体情况不同, 免疫应答又可以是正或负免疫应答, 据此, 广义概念的抗原又可分为抗原(狭义), 变应原和耐受原。抗体可以理解为能与相应抗原特异性结合的具有免疫功能的球蛋白。抗体是免疫球蛋白, 但免疫球蛋白并不都是抗体。

2. 超级抗原

超级抗原是 1989 年首次提出来的, 随后发表了大量这方面的研究论文, 而且这一新的免疫作用机制的发现, 戏剧性的增强了对一系列疾病的发病机制的理解, 因此也为设计新的治疗方案以及新的免疫防治策略, 提供了令人振奋的机会。

超级抗原, 它首先是抗原, 因此它具有抗原的特征。它主要包括某些病毒, 细菌及支原菌。截至目前为止, 发现的人类致病性超级抗原, 都是细菌毒素。这些细菌毒素, 它们是球状蛋白, 分子量介于 20~30kDa。这些细菌毒素具备非常独特的免疫学特性, 并且它们之间的氨基酸序列颇具相似性, 因其分子结构决定了其超级抗原特性。

3. 超级抗原病群及其致病机理

经典的抗原抗体反应特点: 通常有一个抗原被处理的过程; 这一过程涉及到抗原与 T-细胞受体和抗原表达细胞之间的相互作用过程。与此相对照的是: 超级抗原的抗原被处理过程阙如。

超级抗原对细胞的刺激, 是通过直接作用于黏附于抗原表达细胞而作用于细胞受体的。这种机制是独特的。它完全不同于经典抗原抗体反应。

第一个被确认为超级抗原介导的疾病是: 那些由金黄色葡萄球菌和溶血性链球菌之外毒素引起的疾病。它们包括: 葡萄球菌中毒性休克综合征, 溶血性链球菌毒素类休克综合征, 猩红热和丹毒。此外, 新的超级抗原毒素引起的人类疾病仍有待确定。有证据显示: 某些自身免疫性疾病可能由有些尚待确定的超级抗原致病。

已经确认的超级抗原病	尚待确定的超级抗原病
金黄色葡萄球菌感染性休克综合征*	类风湿关节炎
链球菌毒素性类休克综合征*	风湿热
猩红热	多发性硬化症
特异性湿疹	甲状腺炎*
点滴状银屑病	肉样瘤病(结节病)*
丹毒	系统性硬化症
川崎病	肌炎
新生儿猝死症*	干燥综合症
	内源性后葡萄膜炎*
	系统性红斑狼疮
	重症肌无力
	胰岛素依耐性糖尿病*
	克隆氏病
	结核病*

注：*代表笔者没有直接临床经验之病种，中医药治疗有待其他专家们实践。

4. 西医治疗概况

第一，确定感染源及病原微生物，进行相应的抗感染治疗；

第二，对症处理，例如抗休克治疗；

第三，抗炎治疗，例如应用激素及非激素类抗炎药物；

第四，支持疗法，例如静脉输入免疫球蛋白；

第五，开发免疫制品，以预防超级抗原病。

5. 中医发病机理及其基本治疗

超级抗原病的中医发病机理：外邪（五毒邪，即某些细菌，病毒，或致敏原）入侵（或加饮食因素），引起脏腑功能失调（免疫应答），导致产生内生五邪（风，热或火，湿，燥，寒；西医炎症及其病理产物），由此向两个方向发展，一是引起瘀血阻络（西医之微循环失调或障碍？）；二是阴阳离决（即西医中毒性休克），如抢救不及时，可能导致死亡。

治疗原则：驱邪解毒（西医之抑菌，抗病毒，消炎），平调脏腑或含补阴（抑制免疫，补液），活血化瘀（改善微循环），回阳救逆（抗休克）。

处方：和原解毒汤（共三十三味，除去三味英国禁品，共三十味）

君药（四味）：黄连，生地，白癣皮，雷公藤（英国禁品）或昆明山海棠；

臣药（二十五味）：黄芩，黄柏，连翘，牛蒡子，蚤休，生石膏（英国禁品），土茯苓；丹参，当归，白芍，丹皮，玄参，白茅根，知母；升麻，葛根，防风，蝉蜕（英国禁品），柴胡；大青叶，苦参，青蒿，土大黄，薏苡仁；

佐药（三味）：黄芪，苍术，粳米；

使药（一味）：生甘草。

和原解毒汤（简化方共九味）：黄连，生地（二味为君），黄芩，大青叶，丹参，薏苡仁（五味为臣），黄芪，粳米（二味为佐），生甘草（为使）。

和原解毒针刺处方（本处方纯属理论上可行，本人无实践验证；有兴趣之针灸专家可以选穴一试。）

君穴：大椎，血海，风市；

臣穴：十二井穴，十二腧穴，十二原穴；

佐穴：足三里，三阴交；

使穴：十宣穴。

6. 分型治疗

第一型，风毒入侵

风毒的中医特性已为大家所熟知，那末，从西医方面讲，我把中医之“风毒”理解为：第一，病毒；第二，细菌；第三，过敏原。

风邪伤肺期（因肺主皮毛），如果湿疹，丹毒，系统性红斑狼疮，风湿热，川崎病，有风邪为患之特点，辨证为风邪者，应以疏风解毒为主，可随证选用消风散，桑菊饮，荆防败毒散加减治疗。

肝风内动型，如金黄色葡萄球菌中毒性休克综合症，链球菌中毒性类休克中毒综合症，新生儿剥脱性皮炎综合症，急性期或重症期出现中医之惊厥证，辨证以阴虚生火者，治以滋阴清热降火，选方为：地黄饮子（清开灵注射液）；辨证为阴阳离决者，选用参附汤（注射液）。

第二型，热毒入内

热毒从西医讲：第一，细菌感染；第二，过敏原。

热毒入肺：如金黄色葡萄球菌肺炎属于热毒证，治以宣肺清热，大青龙汤或麻杏石甘汤加减治疗；

热入心血：菌毒血症之休克，系统性红斑狼疮，辨证属热入心营者，治以凉血清营，选方：犀角（英国禁品）地黄汤，清营汤；

热入脾胃：克隆氏病（白头翁汤），糖尿病（中医之消渴证），消渴丸；

热入下焦伤肾：类风湿关节炎，干燥综合症，系统性红斑狼疮（肾病型），属于肾阴虚证者，治当滋阴补肾，选用六味地黄汤加减；

热毒内侵型多属于超级抗原病群的急性进展期，进展期（中毒）和缓解期。

第三型，湿邪为患

从西医讲，第一，各种微生物（细菌，病毒，真菌等）；第二，致病因子（过敏原，细菌毒素）所致的组织液渗出，溃烂，糜烂，或局部及全身之水肿，均可以看作中医之湿邪。

外湿，如风湿热，肌病，重症肌无力等病症属于湿侵皮毛肌腠者，疏表化湿，治以藿香正气汤；如克隆病，暑湿侵肠胃者，治当健胃化湿，选平胃散加减，白头翁汤；如湿疹，川崎病，类风湿性关节炎，风湿热，葡萄膜炎，重症肌无力属于湿入下焦型，治以清利下焦，选方：宣痹汤，四妙散，龙胆泻肝汤；

内湿，如肺失宣降生湿，见于肺炎，急性慢性气管炎，治当宣肺利湿，选麻杏石甘汤合栝大枣泻肺汤；如湿疹，丹毒，肌病，重症肌无力，属于脾虚生湿者，治当健脾利湿，选方为：胃苓汤，参苓白术汤，补中益气汤，四君子汤；如湿疹，牛皮癣（银屑病），克隆氏病，类风湿关节炎，属于肾虚生湿者，治当补肾利湿，选方：肾气丸合胃苓汤加减；

第四型，燥邪伤阴

秋燥伤肺，金色葡萄球菌感染恢复期，治当养阴清肺，选方：百合地黄汤，养阴清肺汤，清燥救肺汤；

阴血亏虚生燥，见于湿疹，牛皮癣，干燥综合症，葡萄膜炎，系统性红斑狼疮，糖尿病，结核病，治当滋阴补血润燥，选方，大补阴丸，六味地黄丸，妇科养营丸，明目地黄丸，杞菊地黄丸，石斛夜光丸；基本药物：熟地，生地，黄精，玉竹，玄参，白芍，当归，枸杞子，仙灵脾；湿疹加白蒺藜，防风，白癣皮；牛皮癣加薏苡仁，雷公藤；系统性红斑狼疮加紫草，大青叶；结核加功劳叶；

糖尿病加黄芪，葛根。

血瘀生燥，见于湿疹，牛皮癣，干燥综合症，葡萄膜炎，系统性红斑狼疮，治当破血解毒润肤，代表方：大黄蛰虫丸《金匮要略》（本方含多味动物药，又是英国禁方）。

第五型，寒邪伤阳

外寒伤肺，湿疹（可能合并哮喘，枯草热），治当驱寒疏表宣肺，小青龙汤，麻黄桂枝各半汤；

内寒有三个基本类型，

肺（气）虚易感型，见于免疫功能低下，即卫气虚易受外邪如病毒细菌感染，治当补肺固卫，玉屏风散，甘草甘姜汤；

脾胃虚弱，见于湿疹，牛皮癣，肌病，重症肌无力，克隆氏病，多数可能合并肠道易激惹综合症，治当温中健脾，选方：温中汤，黄土汤；

心肾阳虚型，见于湿疹，牛皮癣，肌病，重症肌无力，克隆氏病，治当温阳补心肾，选方：肾气丸，真武汤，二仙汤；

说明：有些免疫系统疾病，因为长期服用大量糖皮质激素，抑制肾上腺之分泌功能；从中医角度来分析，是肾阳亏虚，是疾病的后期阶段造成的，初期比较少见。温阳药具有促垂体和肾上腺之激素分泌的作用，这也是中药温肾药治疗肾阳虚性哮喘及其他病症的科学依据；见于沈自尹先生《肾的研究》专著。

第六型，火毒伤阴血

肺壅生火，见于金色葡萄球菌肺炎，链球菌性肺炎，治当理肺清火解毒，选方：大青龙汤合五味消毒饮（或合黄连解毒汤）；

心肝血热，化火生风；它主要包括葡萄球菌性中毒休克，链球菌毒素类休克征，猩红热，丹毒，葡萄球菌致皮肤烫伤样综合征，治当凉血清热，降火解毒，选方：犀角地黄汤，清瘟败毒饮，清营汤；

中焦火旺，见于糖尿病，克隆氏病，治当清热降火，解毒护阴；选方，白虎汤，黄连解毒汤，三承气汤（大小承气加调味承气）；

肾间阴火（赵献可《医贯》称之为龙雷之火），见于湿疹，系统性红斑狼疮之后期，治当温肾降火，选方：肾气丸；

总之，风，热，湿，燥，寒毒五邪均可化火，即所有超级抗原病群，其中后期阶段，尤其是正邪相争阶段，都可能会出现火毒，故不一一列举病名。其中，由风毒化火者，加疏风解表之品；热毒化火者，加凉血清营；湿毒化火者，加化湿利湿药；燥毒化火者，加润燥之品；寒毒化火者，加疏表之品。

7. 合并症及脏腑病证之治疗

第一型，表里具实型，见于葡萄球菌性中毒休克，链球菌毒素类休克征，猩红热，丹毒，葡萄球菌致皮肤烫伤样综合征，湿疹，牛皮癣，克隆氏病，治当解表通里，选用：防

风通圣汤；

第二型，三焦具实型，见于葡萄球菌性中毒休克，链球菌毒素类休克征，猩红热，丹毒，葡萄球菌致皮肤烫伤样综合征，湿疹，牛皮癣，克隆氏病，治当清理三焦，解毒，选用：三黄石膏汤；

第三型，肝郁血瘀型，见于湿疹，牛皮癣，系统性红斑狼疮，葡萄球菌炎，克隆氏病，情绪波动诱发或加重以上诸病，或以上诸病合并紧张症或抑郁症，治当舒肝理气，和血祛瘀；选方：舒肝和血汤，贯叶连翘，柴胡，当归，白芍，紫草，大青叶，黄芩，防风，丹参，甘草；

第四型，久病入络型，各类超级抗原病，久病久治不愈，导致血行障碍，即西医之微循环功能失调或障碍，治当化瘀通络，选方 2005 年版《中国药典》通心络（因含多种动物产品，属英国禁品）；

第五型，阴阳离决，窍闭神离，见于葡萄球菌性中毒休克，链球菌毒素类休克征，猩红热，丹毒，葡萄球菌致皮肤烫伤样综合征，系统性红斑狼疮肾病型，糖尿病肾病晚期，治当以西医为主，中医当治以回阳救逆，开窍醒神，选方，参附汤（或注射液），刺人中，人迎；

以上五型，临床常见，但不能用六淫邪毒的方法包含进去，故另立一大类。其实，以上分型也不能完全概括临床实际之类型，因为临床实际的病例，比任何教科书的分类都丰富多彩的多。假如我的分类（已然够复杂的了！）可以覆盖绝大部分临床证型，我就十分满意了。

8. 讨论

第一，关于超级抗原病群的中医药治疗

我的这篇小文主要是从临床实践中观察总结出来的；不是纯理论探讨。相信许多同道们已经有不少超级抗原病群的中医治疗经验。我的点滴所得就是引玉之砖；而对经验相对较少的同行，我希望我的这点体会对您临床实践有那末一点点帮助。尤其是我总结的和原解毒汤（简化方，全方太大），临床加减试试。下次我就该我再向各位讨教超级抗原病治疗方面的经验了。

第二，中医针灸能不能治疗急重病症？

事实上，中医针灸治疗急重病症已然处于配角地位，但它还是管用的。有些病症西医目前没有很好的治疗方法，但并不意味中医没有；反过来，也不是所有西医断定的不治之症，中医都有好方好药。《内经》上说：“言未可治者，未得其术也！”言外之意，不是病不可治，而是医生们还没有找到可治的方法。我个人是拿它当座右铭的。

第三，中医理论是不是还有用？

我个人观点，中医理论既有用，又无用；有用在于，它能解决一些现代西医学解决不了的问题；无用又在于，它又不能解决西医解决不了的所有问题。有人认为，中医理论是毫无用处的垃圾，我完全不能同意。当然，假如有一天某位高明，建立起一套完整的优于传统中医理论的新理论，我会毫不犹豫的放弃传统中医理论，重新学习新理

论；但是，到目前为止，我本人还没有发现这样的理论，因此，我本人还是不得不继续学习传统中医理论。

第四， 中医西医能不能结合？

在中国，有中西医结合医院，当然有中西医结合初中高级职称；中西结合是不是存在？或者中西结合是不是可能？这是一个更大的值得争论的问题。很抱歉，我这里暂时不能给一个肯定地回答。

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ATCM 会刊征稿启事

英国中医药学会会刊为中英文双语学术期刊，每年三月和九月发行两期，并可在学会网上阅览。为了提高本会刊学术水平和质量，同时使大家借此互相沟通学习，不断提高专业水平，欢迎诸位会员，中医同仁及各界读者慷慨赐稿，与大家共同分享你们的临床经验，病例分析，行医心得，理论探讨或研究成果。并建议大家推荐本刊给病人及其周围之人阅读，让更多英国民众看到并亲身体验到中医之奇妙果效，从而提高中医之声誉，扩大中医之影响。

来稿中文或英文均可，中英双语更受欢迎。字数中文 3000 字以内，英文 2000 字以内，并附 200 字以内摘要。所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时再投向其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 info@atcm.co.uk。请注明“杂志投稿”字样。

下期来稿截至日期为 2009 年 8 月 20 日。

Journal of the Association of Traditional Chinese Medicine (UK) Call for Papers

The Journal of ATCM is a bilingual TCM academic magazine that is published twice annually in March and September. In order to hence and maintain the academic quality of the journal, the Editorial Committee welcome our members, other TCM professionals and members of public contributing papers on TCM clinical experience, case studies, theory and literature, or research reports etc.

Papers can be in Chinese or English, but preferably bilingual, with no more than 3000 words in Chinese or 2000 words in English. An abstract of 200 words should be attached. All the submitted articles or papers are not being simultaneously submitted to other journals, and also it has not been published in any other journals unless particularly specified. Submitted articles are reviewed by our editors. If the editors suggest any significant changes to the article, their comments and suggestions will be passed on to the authors for approval and/or alteration. The journal of ATCM maintains copyright over published articles. Unpublished articles will not be returned unless specifically arranged with the editors.

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The deadline of receiving manuscripts for next Issue (Volume 16 Issue 2) is 20th August 2009.

中医临床论坛 TCM clinical forum

主持人：向阳医生

Host: Yang Xiang, Doctor of Chinese Medicine

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[主持人按] 本栏目宗旨是：答疑解惑，相互交流，取长补短，提高技能。沈惠军会长很支持这个栏目，同时也得到会员积极参与，主持人吁请更多专家支持。像罗鼎辉，李林，白俊昆，朱志强医生都是皮肤科专家，江丹医生治疗肿瘤有特色，妇科专家有汤淑兰，赵丽琴，翟小萍，何莉医生，神经内科方面的好手是童章燕医生。我本人特别对袁立人医生治疗疑难杂症十分钦佩，上上期的精彩病例让我受益良多。针灸更是好手如云，像沈惠军，孟繁毅，吴继东，周时伟，刘会安，赵国文，李连生各位都是高手。毕竟本主持人所知有限，特别欢迎有特技专长的医生给本栏目投稿。ATCM 内有真老虎（可不是周正龙的日历虎）！您或您朋友临床有专长特技，无论推荐和自荐，都十分欢迎。本栏目力争：文必真实，言而有信。还应尊重您保护秘方特技等知识产权。期望大家共同努力，办成一个越来越受会员欢迎的栏目。

第二问：临床如何看待辨证和辨病？-----兼答好友蔡明镜医生

Question: Syndrome differentiation (bian zheng) of TCM or disease diagnosis of conventional medicine (bian bing): Which is more important in TCM practice?

向阳医生答：是辨证施治重要？还是辨病施治更重要？完全因为各位医生学识和经验不同而看法不一。我不认为不同看法之间有严格的高下对错之分，唯一的区别在于哪种方法指导临床时疗效更好。个人认为：对于病情单一者，应以中医辨证为主，兼顾辨病；或单纯辨病施治。以感冒为例，无论辨证是风热或风寒，普感或流感，加大青叶和板蓝根都不会错，因为两者都有抗病毒作用。实际上是辨证兼顾辨病抗病毒，上期推荐用感冒清热颗粒配合板蓝根冲剂，原理即在于此。

With my TCM practitioner's knowledge and experience, I do not think different opinions are really conflictive. Only efficacy really matters. It relies on the individual's situation and whichever method with better effectiveness than the other should be brought to application.

I personally believe that if it is a simple case, we stress the importance of syndrome differentiation of TCM with support of disease diagnosis of conventional medicine. Takes common cold as example, it does not matter if it is a wind-heat type or wind-cold type, we usually apply Daqingye or Banglangen because of their anti-viral effect. In the last issue of ATCM Journal I recommend Ganmao Qingre Keli plus Banglanggen Chongji for common cold and flu, which is on basis of this theory.

然而对于病情十分复杂的病人，以及罹患诊断不明确或发病机理不清楚的病及综合症，应以辨证为主。因无‘病’可辨，唯有‘证’可辨了。再例如一个病人以湿疹为主诉，并发哮喘，枯草热，肠道易激惹综合症和紧张症，就应运用整体观念进行辨证施治；不应像西医那样各专科只顾各科对病及对症处理。必遵循《内经》“治病必求于本！”之原则，而这个“本”就是“证”，是中医施治的依据所在。所谓依证立法，以法统方，依方选药。治疗这类病情复杂的病人，是中医的强项！也是本主持人的强项，也应该是每一位真正优秀中医师的强项！！此外，

对于西医诊断明确，而临床又无证可辨的情况，诸如乙肝病毒带毒者，无症状性艾滋病毒携带者和无症状性糖尿病患者，因为无‘证’可辨，除了辨‘病’施治，您还有什么高招呢？

When we treat very complicated cases or conditions without biomedical diagnosis, we should follow TCM syndrome differentiation. It is not uncommon that for some cases here is no diagnosis in conventional medicine. This is where we need to rely on our knowledge and experience of TCM. Take a patient with main complain of eczema, accompanying with hay fever, asthma and IBS as an example, we should deal with all four condition in one prescription, rather than dealing with the four conditions separately like conventional medicine, in order to achieve the best result. <<Yellow Empire's Canon of Internal Medicine>> (Neijing) tells us to ‘search a cure from the root of illnesses. The root is usually identified by TCM syndrome differentiation, which enables us to establish treatment principles. On basis of the treatment principle we are able to decide formulae and choice of medicines or acupoints. Dealing with this kind of complicated cases by applying TCM syndrome differentiation shows the strength of TCM. Only only me, but all well qualified TCM practitioners, are armed with this strength.

In addition, we should mainly rely on disease diagnosis of conventional medicine if it the diagnosis is definite but without any symptoms. For example, hepatitis B virus carriers or pre-clinical diabetes patients, we have no choice but to deal with it on basis of the diagnosis from conventional medicine.

还是以感冒为例，感冒发生在儿童，成人，老年人及产妇，其治疗会有区别，这是因人制宜；此外还有因时（季）因地制宜。只有综合各方面情况，遣方选药才会丝丝入扣，使得每一个患者的感冒处方都是个体化的。怎样使复杂问题简单化，那就是通过四诊八纲，归纳所有症状体征确定为一个共同的“证”。所谓治病必求于本，一言以蔽之，曰：证者，阴阳也！我个人认为：这可能就是中医的艺术魅力所在，也是中医的精髓。

Take common cold as an example. To a child, an old, a young strong men or a young pregnancy women

catching a cold, the treatment should be different for them, also cold occurring in different season or different region should be treated differently. Although we can apply a formula to cover most cases of cold, we still need to take individual's condition into consideration to tailor our prescription.

To simplify a complicated case, we should apply four diagnostic techniques and eight principle differentiation to lead to a unique syndrome pattern, i.e. Zheng of Bian Zheng Lun Zhi. In one word, syndrome differentiation is core of TCM practice and the essence of art in TCM system.

如何对待辨证和辨病，实质上是如何对待中西医关系的问题。记得九十年代初参加编写大型丛书《中医纲目——儿科分卷》，有位高年资儿科医生问李少川教授（我的研究生导师，已故首批五百名全国名老中医）：编目是以中医病名还是西医病名？李老答：西医病名为纲，中医病名为目。作为行医六十年的名老中医，能以开放的胸襟接受西医，实在让人敬仰。研究学习并接受西医诊疗系统，并不意味着放弃中医；相反，在临床实践中，李老是辨证施治的倡导者和实践者，促进中西医互相取长补短，更好的服务病人的典范。这也就不难理解：早在六十年代初李老就发表中药治疗小儿肾炎和肾病研究报告，实践中发现小儿急性肾小球肾炎和肾病综合症虽同属中医“水肿”范围，但其中医治疗有区别。

In essential, this is a question how to deal with the relationship between TCM and conventional medicine. I remembered when I participated in editorial work of a TCM paediatrics textbook in 1990s' in China, a question was raised to my supervisor Prof. Shaochuan on whether the contents of the book should be categorised by diseases of conventional medicine or TCM syndromes, Professor Li's answer was using diseases of conventional medicine as titles and supplemented by TCM syndromes. As a famous scholar in TCM for sixty years, Profs Li had a open-mind to accept conventional medicine as main stream. In practice he always applied TCM theory into practice and he never gave up TCM principles and techniques. He always believed that TCM and conventional medicine should learn from each other in order to achieve best result for our patients. As early as in 1960, Mr Li had published research reports about TCM treatment on children's acute nephritis and nephrotic

syndrome. Both of acute nephritis and nephrotic syndrome belong to edema-syndrome in TCM but their treatment is quite different.

辨证施治的方法（八纲，脏腑，经络，六经，卫气营血，三焦）那末多，增加一个辨病施治以丰富中医治疗手段，我看有益无害。况且中医也是有辨病传统的，张仲景的《伤寒论》与《金匱要略》不是几乎都冠以某某（如太阳）病脉证并治的篇名吗？！只不过一千八百多年以前病的概念不同于今天而已。

There are so many different methods of TCM syndrome differentiation based on eight principles, zangfu-theory, Channels (jingluo), six-channel syndromes (liujing), defence-qi-nutrition-blood system(wei ji ying xue), three-warmers. If we add a new method like selection of treatment on basis of diagnosis from conventional medicine, I believe it would be a good way for TCM to further develop. This is actually from ancient tradition reflected in Dr Zhang Zhongjing's <<Shanghan Zabing Lun>> 1800 years ago.

八年前刚来英国，这就是我请教白俊昆医生的第一个问题；巧合的是：八年后好友蔡医生来英国，他也是以这个我在临诊实践中思考了八年的问题来和我探讨的。愿我这点粗浅的认识，对蔡医生以及对此有兴趣的各位读者，有那末一丁点儿的帮助。

Eight years ago, when I came to the UK, this was the first question I asked Dr Junkun Bai. Coincidentally, after 8 years when my friend Dr Mingjing Cai came to the UK, he asked me the same question. I hope my answer is of a little help to Dr Cai and to the readers who are interested in this topic.

白靖宇医生问：如何应用中药针灸治疗单纯性肥胖症？

（征答有稿费）

Dr Jingyu Bai's question: How to treat overweight by Chinese medicine and acupuncture?

电邮：enshixiang@hotmail.com

或来信寄：Dr Y. Xiang, 25 Birch Terrace, Stoke on Trent, ST1 3JN

英国中医药学会年会并奥运成功神七飞天有感

袁炳胜

2008年11月16日于伦敦

醉心岐黄二十年，寒暑春秋亦等闲。

金针药石寻常事，华夷苦疾堪同怜。

若问诊余何所好，词翰丹墨半世缘。

心系家山万里客，乐看神七又飞天

Wining Answers to Case Study Competition (3)

Yingzi Yang

From Editor: We published a Case Study Competition (3) in last issue of ATCM Journal with an award of £50. As the only participant, Yingzi Yang won the prize again. We hereby publish the case again as below followed by Yang's winning answers. Case study Competition (4) is also edited in this issue of journal. We hope more ATCM members participate in these serial competitions and please remember, £50 award waits you.

Case 3: A female patient, 38, consults you as she has suffered from migraine for 15 years. Her migraine attack used to be once a month, usually in the week before her period. It has become more frequent over last 1.5 years and now it happens 2-3 times a month. The pain is always on the right hand side of her head and the worst area is around her right temple. The extent of the pain has gradually increased from 3/4 out of 10 on the scale 6 months ago up to 7/8. The attack usually lasts for 1-2 days and the patient has to stay in bed for a day or so. During the attack, she also feels dizzy and generally unwell, having nausea, sore and distended eyes with blurred vision.

She is usually rather anxious and short-tempered, sometimes more moody and irritable than the other. She often tends to feel hot. Staying in a hot environment can easily trigger out her migraine. Her blood pressure is slightly high-146/94 mmHg. Her sleep is often disturbed. She always feels tired and her appetite is poor, sometimes she has stomach distension. All such symptoms are usually much worse during migraine attack. Her tongue is slightly red in the middle and redness is more obvious on both edges. Tongue coating is thin and slightly yellow. Her left pulse in the middle position is wiring, and the right pulse is empty in the middle position.

Winner's Answers:

Syndrome Differentiation of Etiology and Pattern Diagnosis

According to synthesis of four diagnostics and differentiation of syndromes by the eight principles syndromes and theory of six-meridian, this case belongs to interior and yang, involving gallbladder channel. The chief complaint of this patient was 15 years migraine on the right-hand side and clinical manifestations were characterized by the migraine and syndromes of liver wind stirred internally due to liver yang hyperactivities, including dizziness, insomnia, red tongue with yellow coating, wiring pulse combined with anxiety, short-temperedness, tiredness, poor appetite, stomach distension, nausea, soreness and distended eyes with blurred vision.

Traditional Chinese Medicine Diagnosis

Migraine (Endogenous wind from liver due to exuberance of liver yang)

Pathogenic Mechanism

The pathogenic mechanism for this case is that liver and kidney yin deficiency and exuberance of liver yang result in up-string of liver wind.

By governing the normal flows of qi, liver plays an important role in regulating qi movement as well as harmonizing emotional activities, especially corresponding to anger in the emotions. As

the liver tends to spread out freely and opens into the eyes, however, in this case, the patient had a tendency of being anxious and short-tempered, suffering the migraine for 15 years which has been generating fire due to the constraining of liver-qi, thus causing dizziness, nausea, sore and distended eyes with blurred vision. In addition, excessive liver yang and fire contributed to her high blood pressure. Generally feeling hot and her migraine triggered by hot environments supported the conclusion of yang syndrome.

Since the liver and the heart are the residence of soul and mind respectively, anxiety, impatience and disturbed sleeping were due to disturbance of mental activities of liver-yang and liver-fire as well as of the heart channel. Redness in the middle and on both edges of tongue with thin and yellow coating, wiring pulse in the left middle position (which is closely related to liver and gallbladder) gave further evidence of excess liver yang and fire. Moreover, reversed flows of liver qi affected spleen and stomach, giving rise to poor appetite and distension in stomach..

Because liver and kidney have a common source, the long term illness which had been deteriorating gradually for 15 years and its aggravation by tiredness suggested insufficiency of elements due to surplus liver yang and fire. Right empty pulse in the middle position supported the pattern of deficiency and the pain. In addition, migraine involving the lateral parts of the head indicated the involvement of gallbladder channel which runs through the same area.

Treatment Principles

- To calm the liver and extinguish wind
- To clear heat and promote blood circulation
- To check exuberant yang and lower blood pressure
- To nourish yin and tonify kidney

Chinese Herbal Medicine (CHM) Prescription

Modified Tianma Gouteng Decoction

tianma (9g) gouteng (12g) shijueming (15g) zhizi (9g)
huangqin (9g) yimucao (9g) chuanniuxi (12g) duzhong (9g)
sangjisheng (9g) yejiaoteng (9g) fushen (9g) xiakucao (10g)
xiangfu (9g) juhua (10g)

Analysis of CHM Prescription

The Jun (monarch) herbs, having the effect to calm the liver and extinguish wind, are gouteng (sweet and cool, not only calming the liver wind but also clearing the heat of the liver.) and shijueming (checking exuberant yang for relieving convulsing, clearing heat and cooling liver to improve vision).

The Chen (minist) herbs are able to purge fire and clear heat, zhizi (clearing heat and fire, detoxicating toxins), huangqin (clearing heat and purging fire, lowering blood pressure), xiakucao (extricating the extra fire from liver and gallbladder to improve vision), juhua (purging liver fire, calming the liver and suppressing hyperactive yang of liver). Working together, they would lead to a good result of lowering blood pressure as well.

The Zuo (assistant) herbs are used to improve blood circulations and induce diuresis, yimucao (pungent for

dispersing and bitter for purging, promoting blood circulation), chuanniuxi (promoting blood circulation, conducting downward flows of heat, inducing diuresis, tonifying the liver and kidney), duzhong (tonifying the liver and kidney), sangjisheng (tonifying kidney and liver, lowering blood pressure).

The Shi (guide) Herbs are xiangfu (acting on the liver channel to promote qi circulation, soothing the liver and regulating the liver qi), yejiaoteng and fushen (sedation and tranquilization, calming the liver and suppressing hyperactivity of liver yang).

All these herbs should be decocted in water for drinking. The decoction is to be taken in the morning and evening separately. 10 doses make a course.

Acupuncture Prescription

Taiyang (Extra) (R) Touwei (ST 8) (R) Shuaigu (GB 8) (R) Fengchi (GB 20) (B) Baihui (DU 20) Yanglingquan (GB 34) (B) Taixi (KI 3) (B) Taichong (LR 3) (B) Xiashi (GB 43) (B) Shenmen (HT 7) (B) Waiguan (TE 5) (R)

(R)---right side (B)---both sides

Analysis of Acupoints Selected and Their Needling Techniques

Points of liver, gallbladder, heart, stomach, triple energizer channel and Extra channel are selected as main points. Reducing, reinforcing and even methods have to be applied.

Taiyang (Extra) to extinguish wind and clear heat, improve eyesight. The following the principle: 'Painful spots are considered acupuncture points.' It is needled perpendicularly 0.3-0.5 inch to cause local distension which should spread to the surrounding area. Reducing method is to be used.

Touwei (ST 8) to remove wind from the Yangming channel, release pain. It is needled horizontally backward 0.5-1.0 inch, causing the needling sensation of pain and distension to spread to adjacent areas. Reducing method is to be applied.

Shuaigu (GB 8) and Fengchi (GB 20) are combined together to enhance the effect of extinguishing wind and easing the pain. Shuaigu (GB 8) is needled horizontally 0.5-1.0 inch to cause local soreness and distension. Fengchi (GB 20) is needled

perpendicularly 1.0-1.5 inches to spread the needling sensation to the forehead or to the temporal region. Reducing method should be applied to both of them.

Baihui (DU 20) and Shenmen (HT 7), the Yuan (source) point of the heart channel, combined together to regulate qi of the heart channel and whole body in order to soothe the heart and calm the mind, thus to improve sleeping quality. Baihui (DU 20) should be needled horizontally 0.5-1.0 inch either forward or backward or to the right side, causing a local distending pain. Shenmen (HT 7) should be punctured perpendicularly 0.3-0.5 inch to cause local soreness and distension. Even method should be used to them.

Taichong (LR 3), the Yuan (source) point of the liver channel combined with Yanglingquan (GB 34), the He-sea point of the gallbladder channel would have good effects on clearing heat from gallbladder channel, soothing the liver and gallbladder to check the invasion of liver qi. The Yuan point is needled toward Yongquan (KI 1) 1.0-1.5 inches to cause a local sensation of soreness and distension, or an electrical sensation radiating to the sole. The He-sea point is needled perpendicularly 1.5-2.0 inches to conduct the needling sensation downward. Reducing method should be applied.

Taixi (KI 3), the Yuan point of kidney channel can nourish kidney Yin, strengthen healthy qi to eliminate liver yang and fire. It is needled perpendicularly 0.5-1.0 inch to cause a local sensation of soreness and distension. Reinforcing method is to be applied.

Xiashi (GB 43), the Ying-spring point of gallbladder channel combined with Waiguan (TE 5), the connecting point of triple energizer of hand lesser yang and the confluent point communicating with the Yangwei channel can clear evil heat, reducing the upward disturbance of liver wind and liver yang. Xiashi (GB 43) is needled perpendicularly 0.5 inch to cause local soreness and distension. Waiguan (TE 5) is needled perpendicularly 1.0-1.5 inches to cause local soreness and distension. Reducing manipulation is proscribed.

Combination of Chinese herbal medicine decoction and acupuncture treatment for this case should fulfil the treatment principles as showed as above.

Case Study Competition (4)

£50 award awaits you

Case 4 A female patient, 38, consults you as she has suffered from chronic diarrhoea for 7 years. She used to have bowel movements 2-3 times a day with loose stools but it has become worse over last 1.5 years. Now it is 5-7 times a day and can be urgent in the morning. Her stools can be very loose and even watery, with no mucus or blood. She also suffers from dull abdominal pain sometimes combined with distension. Her appetite is poor and greasy or dairy food can easily make her diarrhoea worse. She always feels tired with no energy even to do ordinary housework. Her facial complexion is pale and usually she tends to feel cold.

Her tongue is pale with teeth marks on the edge. The tongue coating is thin and white. Her pulses are overall weak and thin, slightly slow. The right pulse is deep and empty in the middle position.

Questions:

1. Analyse the case history according to the principles of TCM, explain the pathogenic mechanism, and make your pattern diagnosis;
2. Determine your treatment principle(s);
3. Select a herbal formula for this patient and prescribe Chinese herbal medicines based on your pattern diagnosis, treatment principle(s) and your selection of herbal formula;
4. Select acupuncture points and their needling techniques, and explain your point selection.

Please send your answers to ATCM office via email by 30th May 2009 and you could be the winner!

(Please write Case Study Competition on the top of your answer sheet and print out your name, address, Tel No, email and your ATCM Registration No)

中医十大经典介绍 (2)

编者按：中医十大经典，是指中医发展早期的在中医理论，诊疗，方药，针灸诸领域具有奠基意义的 10 部重要文献。除了<内经素问>，<内经灵枢>，<伤寒论>和<金匮要略>这四部为国内中医院校必修课，因而大家都熟悉的经典著作之外，本刊将分期介绍其它 6 部经典。

《难经》

原名《黄帝八十一难经》，3 卷。原题秦越人(扁鹊)撰，“难”是“问难”之义，或作“疑难”解。“经”乃指《内经》，即问难《内经》。作者把自己认为难点和疑点提出，然后逐一解释阐发，部分问题做出了发挥性阐释。全书共分八十一难，对人体脏腑功能形态、诊法脉象、经脉针法等诸多问题逐一论述。但据考证，该书是一部托名之作。约成书于东汉以前（一说在秦汉之际）。该书以问难的形式，亦即假设问答，解释疑难的体例予以编纂，故名为《难经》。内容包括脉诊、经络、脏腑、阴阳、病因、病理、营卫、俞穴，针刺等基础理论，同时也列述了一些病证。该书以基础理论为主，结合部分临床医学，在基础理论中更以脉诊、脏腑、经络、俞穴为重点。其中 1~22 难论脉；23~29 难论经络；30~47 难论脏腑，48~61 难论病；62~68 难论俞穴；69~81 难论针法。书中对命门和三焦的学术见解以及所论七冲门（消化道的 7 个冲要部位）和八会（脏、腑、筋、髓、血、骨、脉、气等精气会合处）等名目，丰富和发展了中医学的理论体系。该书还明确提出“伤寒有五”（包括中风、伤寒、湿温、热病、温病），并对五脏之积，泄痢等病多有阐发，为后世医家所重视。全书内容简扼，辨析精微，在中医学典籍中常与《内经》并提，被认为是最重要的古典医籍之一。有多种刊本和注释本。

《难经》不但在理论方面丰富了祖国医药学的内容，而且在临床方面颇多论述。除针灸之外，还提出了“伤寒有五”的理论，对后世伤寒学说与温病学说的发展产生了一定的影响。《难经》对诊断学、针灸学的论述也一直为医家所遵循。对历代医学家理论思维和医理研究有着广泛而深远的影响。

扁鹊，是战国时勃海郡郑地的人，原名秦越人。“扁鹊”一词原本为古代传说中能为人解除病痛的一种鸟，秦越人医术高超，百姓敬他为神医，便说他是“扁鹊”，渐渐地，就把这个名字用在秦越人的身上了。扁鹊云游各国，为君侯看病，也为百姓除疾，名扬天下。他的技术十分全面，无所不通。在邯郸听说当地尊重妇女，便做了带下医（妇科医生）。在洛阳，因为那里很尊重老人，他就做了专治老

年病的医生。秦国人最爱儿童，他又在那里做了儿科大夫，不论在哪里，都是声名大振。

《难经》其内容深奥，是中医学不可多得的理论著作之一。古人将该书托名秦越人所著，也表示扁鹊在人们心目中占有很高的地位，借其名以示书的重要性，也表达了人们对他的尊敬与怀念。

<http://baike.baidu.com/view/122402.htm>

《神农本草经》

《神农本草经》又名《神农本草》，简称《本草经》或《本经》，中国现存最早的药学专著。撰人不详，“神农”为托名。其作者及成书时代尚无实证加以确定，但它成书于东汉，并非出自一时一人之手，而是秦汉时期众多医学家总结、搜集、整理当时药物学经验成果的专著，此已经是医学史界比较公认的结论。

《本经》依循《内经》提出的君臣佐使的组方原则，也将药物以朝中的君臣地位为例，来表明其主次关系和配伍的法则。《本经》对药物性味也有了详尽的描述，指出寒热温凉四气和酸、苦、甘、辛、咸五味是药物的基本性情，可针对疾病的寒、热、湿、燥性质的不同选择用药。寒病选热药；热病选寒药；湿病选温燥之品；燥病须凉润之流，相互配伍，并参考五行生克的关系，对药物的归经、走势、升降、浮沉都很了解，才能选药组方，配伍用药。

全书分 3(或 4)卷，共收载药物 365 种，其中植物药 252 种，动物药 67 种，矿物药 46 种。书中叙述了各种药物的名称、性味、有毒无毒、功效主治、别名、生长环境、采集时节以及部分药物的质量标准、炮炙、真伪鉴别等，所载主治症包括了内、外、妇、儿、五官等各科疾病 170 多种，并根据养命、养性、治病三类功效将药物分为上、中、下三品。上品 120 种为君，无毒，主养命，多服久服不伤人，如人参、阿胶；中品 12 种为臣，无毒或有毒，主养性，具补养及治疗疾病之功效，如鹿茸、红花；下品 125 种为佐使，多有毒，不可久服，多为除寒热、破积聚的药物，主治病，如附子、大黄。书中有 200

多种药物至今仍常用，其中有 158 种被收入 1977 年版的《中华人民共和国药典》。

《本经》的问世，对我国药学的发展影响很大。历史上具有代表性的几部《本草》，如《本草经集注》、《新修本草》、《证类本草》、《本草纲目》等，都渊源于《本经》而发展起来的。《本经》原本早已散佚。现所见者，大多是从《证类本草》、《[本草纲目](#)》等书所引用的《本经》内容而辑成的。

历代有多种传本和注本，现存最早的辑本为明卢复辑《神农本草经》（1616），流传较广的是清孙星衍、孙冯翼辑《神农本草经》（1799），以及清顾观光辑《神农本草经》（1844）、日本森立之辑《神农本草经》（1854）。

<http://baike.baidu.com/view/15091.htm>

五加皮与香加皮不可代用

目前中国某些医院药房及零售药店把五加皮与香加皮当成一种药物互相代替，这是错误的。2005 年版《中华人民共和国药典》第一部明确将香加皮和五加皮作为两个品种收载的。二者的区别在于：

一、来源不同：五加皮为五加科细柱五加的干燥根皮；香加皮为萝藦科杠柳的干燥根皮。

二、性状不同：五加皮呈

不规则卷筒状，外表面灰褐色，有纵皱纹及横向圆形皮孔，内表面鲜黄为黄白色，陈货为灰黄色，质轻而脆，易折断，断面灰白色，气微香，味微辣而苦；香加皮呈卷筒状、槽状或不规则片状，外表黄棕色，栓皮易成片状脱落，内表面淡红棕色或黄白色，有细纵纹，质地疏松而脆，易折断，断面黄白色，不整齐，有浓厚的香气，味苦，稍有麻舌感。

三、主要有效成分不同：五加皮含有挥发油、鞣质、树脂、维生素A及B1等；香加皮含有杠柳甙、 α -和 β -香树精、4-甲氧基水杨醛等。

四、毒性不同：五加皮无毒性；香加皮具有毒性，若过量服用或久服，可引起中毒，出现震颤麻痹症和心脏毒性。五、功能、主治不同：五加皮功效为祛风湿、补肝肾、强筋骨。用于风湿痹痛，筋骨痿软，小儿行迟，体虚乏力，水肿，脚气。对风湿所致的筋肉拘急及酸痛，可用五加皮散。对肝肾不足，腰酸，肢软无力，可用五加皮、地骨皮浸米酒服用。此外对金黄色葡萄球菌有抑制作用。香五加中所含强心苷可选择性地作用于心脏，加强心肌收缩力，减慢心率，治疗充血性心力衰竭和某些心律失常。但《中国药典》香加皮的功效为祛风湿，强筋骨，用于风寒湿痹，腰膝酸软，心悸气短，下肢浮肿。其强心苷的作用遂成为与治疗无关的不良反应，加之强心苷药理作用强，安全范围小，个体差异大，容易发生不良反应。“强筋骨”的功效看起来有补益之意，易使人忽略

其毒性。主治痹症及心肾虚、骨质增生、下肢浮肿等，又多属缠绵难愈之症，需长期用药，易导致药物蓄积中毒，以及心脏长期处于强心苷作用下，心肌受累。因香加皮多用于风寒湿痹证，其成药品种中超过 1/3 的制剂为酒剂外，患者常用酒浸泡服用，用量既难以确定或控制，乙醇的作用更会加重强心苷对心脏的毒性侵害，造成心脏收缩力增强，血压升高，心律失常，甚至有误服香加皮致死的报道。因此认为，若用于祛风湿和补肝肾强筋骨时，当用五加皮；若用于祛风湿、强心利尿时，当用香加皮为宜，且不可长期服用。香加皮代替五加皮入药，会带给医患不能预见的不良反应。因此，二者不可相互代替。

<http://www.tcm100.com/Article/Article.aspx?id=1161>



<<黄帝八十一难经>>节选

一难曰：十二经皆有动脉，独取寸口，以决五藏六府死生吉凶之法，何谓也？

然。寸口者，脉之大会，手太阴之脉动也。人一呼吸脉行三寸，一吸脉行三寸，呼吸定息，脉行六寸。人一日一夜，凡一万三千五百息，脉行五十度，周于身。漏水下百刻，荣卫行阳二十五度，行阴亦二十五度，为一周也，故五十度，复会于手太阴。寸口者，五藏六府之所终始，故法取于寸口也。

二难曰：脉有尺寸，何谓也？

然。尺寸者，脉之大要会也。从关至尺，是尺内，阴之所治也。从关至鱼际，是寸内，阳之所治也。故分寸为尺，分尺为寸。故阴得尺内一寸，阳得寸内九分，尺寸终始一寸九分，故曰尺寸也。

三难曰：脉有太过，有不及，有阴阳相乘，有覆有溢，有关有格，何谓也。

然，关之前者，阳之动也，脉当见九分而浮。过者，法曰太过。减者，法曰不及。遂上鱼为溢，为外关内格，此阴乘之脉也。关以后者，阴之动也，脉当见一寸而沉。过者，法曰太过。减者，法曰不及。遂入尺为覆，为内关外格，此阳乘之脉也。故曰覆溢，是其真藏之脉，人不病而死也。

四难曰：脉有阴阳之法，何谓也？

然。呼出心与肺，吸入肾与肝，呼吸之间，脾受谷味也，其脉在中。浮者阳也，沉者阴也，故曰阴阳也。

心肺俱浮，何以别之？

然浮而大散者，心也。浮而短涩者，肺也。

肾肝俱沉，何以别之？

然。牢而长者，肝也。按之濡，举指来实者，肾也。脾者中州，故其脉在中，是阴阳之法也。

脉有一阴一阳，一阴二阳，一阴三阳；有一阳一阴，一阳二阴，一阳三阴。如此之言，寸口有六脉俱动耶？

然。此言者，非有六脉俱动也，谓浮沉长短滑涩也。浮者阳也，滑者阳也，长者阳也；沉者阴也，短者阴也，涩者阴也。所谓一阴一阳者，谓脉来沉而滑也；一阴二阳者，谓脉来沉滑而长也；一阴三阳者，谓脉来浮滑而长，时一沉也；所言一阳一阴者，谓脉来浮而涩也；一阳二阴者，谓脉来长而沉涩也；一阳三阴者，谓脉来沉涩而短，时一浮也。各以其经所在，名病逆顺也。

二十五难曰：有十二经，五脏六腑十一耳，其一经者，何等经也？

然：一经者，手少阴与心主别脉也。心主与三焦为表里，俱有名而无形，故言经有十二也。

二十六难

曰：经有十二，络有十五，余三络者，是何等络也？

然：有阳络，有阴络，有脾之大络。阳络者，阳跷之络也。阴络者，阴跷之络也。故络有十五焉。

二十七难

曰：脉有奇经八脉者，不拘于十二经，何也？

然：有阳维，有阴维，有阳跷，有阴跷，有冲，有督，有任，有带之脉。凡此八脉者，皆不拘于经，故曰奇经八脉也。

三十五难

曰：五脏各有所腑皆相近，而心、肺独去大肠、小肠远者，何（谓）也？

然：经言心营、肺卫，通行阳气，故居在上；大肠、小肠，传阴气而下，故居在下。所以相去而远也。又诸腑皆阳也，清静之处。

今大肠、小肠、胃与膀胱，皆受不净，其意何也？

然：诸腑者，谓是非也。经言：小肠者，受盛之腑也；大肠者，传泻行道之腑也；胆者，清静之腑也；胃者，水谷之腑也；膀胱者，津液之腑也。一腑犹无两名，故知非也。小肠者，心之腑；大肠者，肺之腑；胆者，肝之腑；胃者，脾之腑；膀胱者，肾之腑。小肠谓赤肠，大肠谓白肠，胆者谓青肠，胃者谓黄肠，膀胱者谓黑肠。下焦之所治也。

三十八难

曰：脏唯有五，腑独有六者，何也？

然：所以腑有六者，谓三焦也。有原气之别焉，主持诸气，有名而无形，其（经）属手少阳。此外腑也，故言腑有六焉。

七十七难

曰：经言，上工治未病，中工治已病，何谓也？

然：所谓治未病者，见肝之病，则知肝当传之与脾，故先实其脾气，无令得受肝之邪，故曰治未病焉。中工者，见肝之病，不晓相传，但一心治肝，故曰治已病也。

七十八难

曰：针有补泻，何谓也？

然：补泻之法，非必呼吸出内针也。知为针者，信其左；不知为针者，信其右。当刺之时，先以左手厌按所针荣、俞之处，弹而努之，爪而下之，其气之来，如动脉之状，顺针而刺之。得气，因推而内之，是谓补，动而伸之，是谓泻。不得气，乃与，男外女内；不得气，是为十死不治也。



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Do you know what they are?



1



2



3



4



5



6

See answers on page 37